

**Civil War
Battlefield
Medicine**



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Civil War Battlefield Medicine



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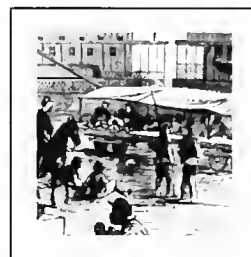
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"Island of Mercy" by Keith Rocco depicts the Second Corps hospital at Pry Mill by the Upper Bridge at Antietam. The artwork was commissioned by Dr. Gordon Dammann. Limited-edition prints of the four-color painting are available from the National Museum of Civil War Medicine.

The National Museum of Civil War Medicine: Building a Vision

I am pleased to introduce readers of *Caduceus* to three of the papers presented at the First Annual Conference on Civil War Medicine, held at Antietam in April of 1993. The conference is one of several activities supported by the recently incorporated National Museum of Civil War Medicine.

Background

When the subject of "Civil War medicine" is mentioned, reactions can vary from wincing, to moans, to such questions as "Isn't that an oxymoron?" Civil War medicine is a topic that most people know very little about. Too often, even the most motivated student can only read about the great battles, marvel at the tremendous casualty figures, and then move on to the next contest.

As an example, consider Stephen Sears's *The Landscape Turned Red*, a fine story of the Battle of Antietam containing about 345 pages of text. Antietam was the site of America's single bloodiest day. Nearly 23,000 casualties littered the battlefield in its aftermath. Yet how many pages of Sears's book are devoted to Civil War medicine? The answer is *three*, nearly half of which cover Clara

Barton's role at the battlefield. Dr. Jonathan Letterman, Medical Director of the Army of the Potomac, is never mentioned. After reading Dr. Gordon Dammann's paper on Letterman and considering the advances in the ambulance corps, field hospitals, and medical supply that he implemented at Antietam, one must ask how a person of Letterman's stature could be left out of any account of that battle.

Stories of the Civil War

The National Museum of Civil War Medicine will tell the story of the men and women who provided medical care to both Union and Confederate soldiers during the War between the States. Through its collections and exhibits, the museum will show the dedication and inventiveness of physicians, the devotion of stewards, the sacrifices of nurses and matrons, and the courage of patients on both sides of the struggle.

More than 600,000 soldiers died during the Civil War—approximately 400,000 from disease and 200,000 killed in battle. Although disease claimed more victims than bullets by a 2:1 margin, that was a dramatic improvement over the

by John E. Olson



These stereoscopic views of the Evangelical Lutheran Church in Frederick were taken in the fall of 1862, when about 5,000 Union soldiers were hospitalized in Frederick during the battle at Antietam. The photograph at left shows how the planking set atop the pews created a temporary floor for hospital beds and patients. The church still stands and is in active use.

Crimean War. Among the major innovations in medicine that occurred during the Civil War were:

- Creation of the ambulance corps
- Widespread use of anesthesia
- Field and fixed-bed hospitals
- Improved sanitation
- Reconstructive surgery
- Advances of women in nursing and hospital administration

Surgeons in the Civil War were confronted with horrific casualties as Napoleonic tactics collided with the rifled barrel and other rapidly changing technology. At Gettysburg, the 154th New York Infantry took 239 men into battle and suffered losses to 200—84 percent of the regiment. Likewise, the

8th Virginia Infantry lost 92 percent of its men in the “grand assault” known as Pickett’s Charge.¹

Regimental surgeons were not strangers to the men they treated. They were from the same community and were often long-standing friends. Captain Edward A. Acton, 5th New Jersey Infantry, for example, was wounded by a Confederate sharpshooter during the battle of Second Bull Run. Assistant Surgeon of the 5th New Jersey, O. S. Beldon, treated Captain Acton and told him that he was shot through the bowels and would not live. At Acton’s request, Surgeon Beldon later wrote to Acton’s wife Mary, repeating his love to his father, mother, wife, and children. Acton’s dying words were “What will my dear children do without me?” Several months later, in January of

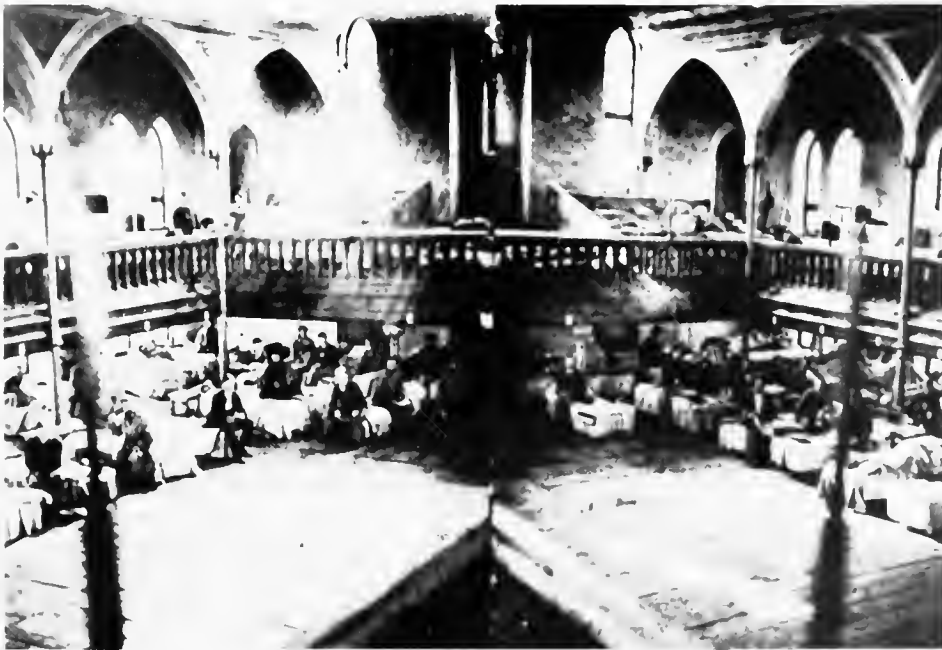
1863, Surgeon Beldon, Acton's father Isaac, and another friend would cross enemy lines in search of Acton's body. They found his burial site on the battlefield and returned him home to Salem, New Jersey.² That is just one of the seldom-told stories of medical care providers in the Civil War.

The National Museum of Civil War Medicine

The National Museum of Civil War Medicine is a private, non-profit corporation recognized by the IRS as a charitable organization. Our founder and Board Chairman is Dr. Gordon Dammann of Lena, Illinois, author of *The Pictorial Encyclopedia of Civil War Medical Instruments and Equipment*. As one of the foremost authorities on Civil

War medicine, Dr. Dammann has amassed a personal collection of more than three thousand Union artifacts. That impressive collection will be the nucleus of the National Museum of Civil War Medicine. Board members Dr. T. Adrian Wheat and Dr. F. Terry Hambrecht, both noted authorities on Confederate medicine, have also donated important artifacts.

The museum has attracted prominent historians and public officials to its National Advisory Board, including Maryland Governor William Donald Schaefer; Ed Bearss, Chief Historian of the National Park Service; James Breeden, professor of history at Southern Methodist University; Shelby Foote, noted author and historian featured on the PBS series "The Civil War"; James



McPherson, Pulitzer Prize-winning historian of Princeton University; and James Robertson, professor of history at Virginia Polytechnic Institute.

The National Museum of Civil War Medicine will be housed in Frederick, Maryland, in a three-story, 22,000-square-foot building located in the city's historic district—48 E. Patrick Street.

Historic Frederick

Frederick offers a strategic location for the museum. It is centrally positioned within a thirty-minute drive to five major Civil War battlefields: Gettysburg, Antietam, South Mountain, Harper's Ferry, and Monocacy. Gettysburg battlefield draws nearly two million visitors annually, many of whom drive through Frederick en route to other destination points in Washington, D.C., and Baltimore.

That close proximity to battlefields caused Frederick to become the major hospital center during the Civil War. More than twenty Civil War hospital sites have been identified to date in Frederick, most of which are still standing. During the war, Frederick's population of about eight thousand sustained an influx of wounded of nearly the same number. In the wake of the battle of Antietam, nearly six thousand wounded were brought to Frederick. On September 23, 1862, Jacob Engelbrecht would record in his diary: "Town in Commotion—our little City is all day long and part of the night one continued bustle of moving Wagons. Ambulances bringing wounded, medical and hospital stores. . . . Some days about 500 to 1,000 wagons pass our street." Engelbrecht

would later add, "If you would take a walk through the town, any handsome day you might meet 80 to 100 wounded Soldiers."³

Designing a New Facility

The architectural firm of Grieves, Worrall, Wright & O'Hatnick (GWWO) has been chosen to design the museum. GWWO has extensive museum experience, having worked on the Brandywine Museum and the Walters Art Gallery, to name a few. Conceptual plans have been developed, and artists' renderings and structural and mechanical evaluations are complete. GWWO has done a superb job in working with an 1840s building to provide a modern facility in a historic, period building.

As Executive Director, the museum has retained Burton K. Kummerow, who brings nearly thirty years of museum and historical interpretation experience to the National Museum of Civil War Medicine. Kummerow was most recently Executive Director of Historic St. Mary's City, the original capital of Maryland founded in the sixteenth century.

Exhibit themes and design plans are underway. Dr. Dammann will be providing the only known surviving Civil War surgeon's tent—that of John Wiley, 6th New Jersey Infantry. Surgeon Wiley's tent and personal effects will eventually be featured in a unique field hospital diorama.

The museum will be conducting major fundraising efforts toward the goal of \$5,000,000 required for renovating the Patrick Street building and developing exhibits. Support from the state and local level has been tremendous. The

museum has received a matching grant from the State of Maryland for \$1,000,000, and Frederick City and Frederick County have made grants totaling \$100,000.

The museum will continue to sponsor an annual conference on Civil War medicine. Our 1995 symposium will be held the first weekend in August, in Frederick, Maryland. In addition to fine scholarship, the weekend will include a tour of Gettysburg battlefield and hospital sites, led by Gordon Danmann.

Additional information about the 1995 conference, museum memberships, and other aspects of our programs is available from the National Museum of Civil War Medicine, P.O. Box 470, Frederick, MD 21705-0470 or by calling (301) 695-1864.

John E. Olson is immediate past president and a founding board member of the National Museum of Civil War Medicine. He is the author of *The 21st Virginia Cavalry*, which is part of the *Virginia Regimental History series*, and contributor to *The Encyclopedia of the Confederacy*. A native of Washington, D.C., he is controller for Willard Agri-Service of Frederick and related companies.



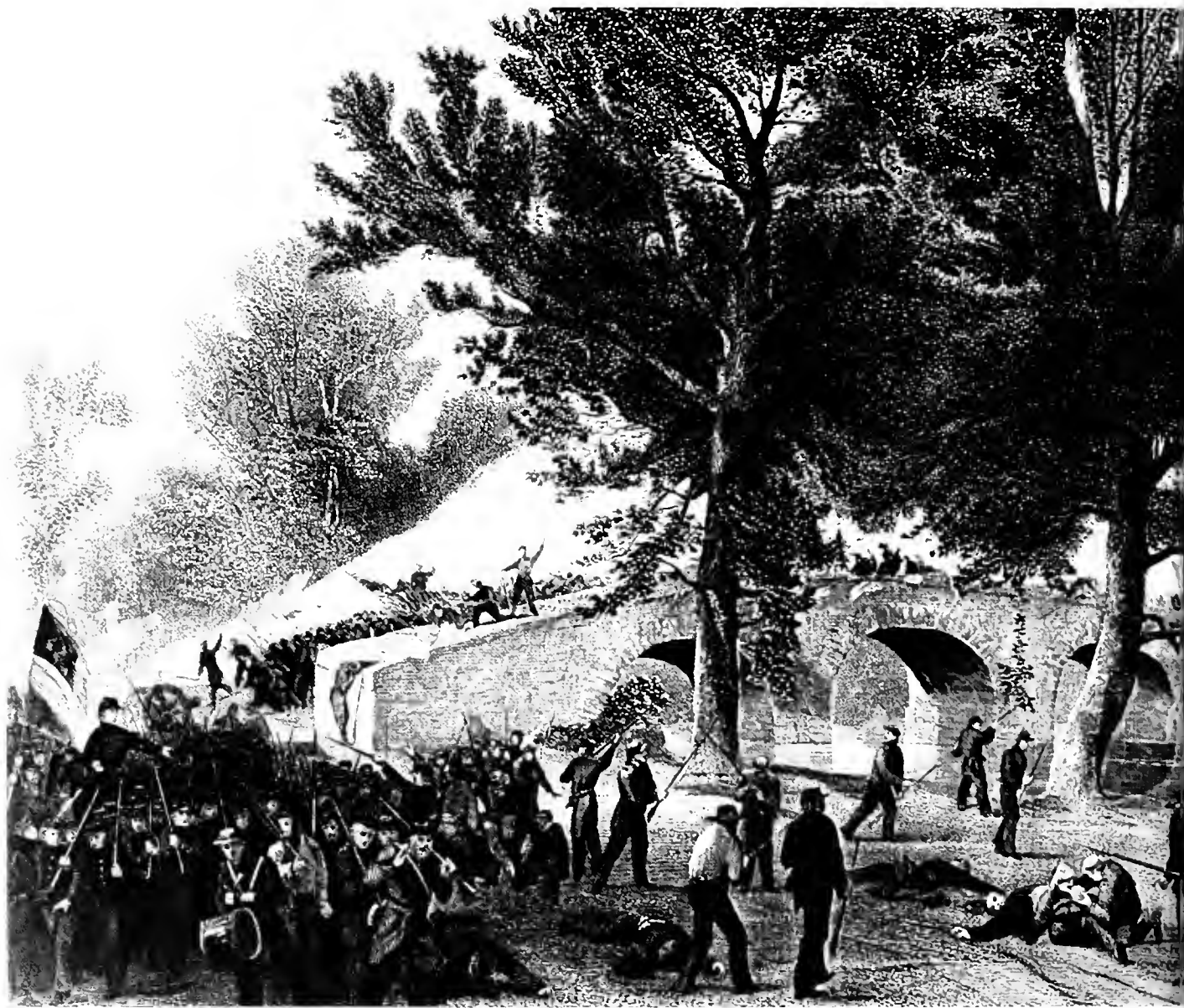
Notes

Architect's rendering of the Carty Building, home of the National Museum of Civil War Medicine

1. John W. Busey and David G. Martin, *Regimental Strengths and Losses at Gettysburg* (Hightstown, N.J.: Longstreet House, 1986), 262, 298.

2. O. S. Beldon to Mary Acton, Oct. 28, 1862, National Museum of Civil War Medicine; the letter was donated by Oak Acton, Salem, N. J.

3. Paul Gordon and Rita Gordon, *A Playground of the Civil War: Frederick County, Maryland* (Frederick: The Gordons, 1994), 257, 260. The Engelbrecht diaries have been reprinted by the Frederick County Historical Society.



Field Medicine at Antietam

The Battle of Antietam, September 17, 1862, was the site of the deadliest day of the Civil War. On that tragic day, a force of 75,000 Union soldiers under George B. McClellan attempted to crush 51,000 Confederates led by Robert E. Lee. From first light until dusk, the rival armies savagely confronted each other over a Norman Rockwell Maryland countryside around the sleepy village of Sharpsburg and along Antietam Creek. Casualties numbered almost 23,000 (12,410 Union, 10,316 Confederate). Roughly one in every four men involved fell. The combatants were struck down, it has been estimated, at the rate of two thousand an hour, or thirty-five a minute.¹

But statistics do not fully capture the enormity of the carnage. Rather, it is the battlefield that indelibly etches it on the mind. Examples are all too abundant. At the thirty-acre Miller cornfield, the scene of the early fighting, a Union commander observed that "every stalk of corn in the northern and greater part of the field was cut as closely as could have been done with a knife, and the slain lay in rows precisely as they had stood in their ranks a few

moments before." "It was never my fortune," he lamented, "to witness a more bloody, dismal battle-field."² By 9:00 the action had shifted to the area of the West Woods and Dunker Church on Hagerstown Pike. Reporting on a lethal Confederate counterattack, a northern reporter wrote: "Men were falling fast . . . as unseen batteries were pelting the lines with an iron storm, and the Confederate bullets were finding the object of their flight. It was pitiful to see the men drop, at times in groups, knocked over by solid shot, or riddled with musket and rifle balls or bits of shell or case or canister."³ At midmorning, the bloodiest fighting of the day occurred along a sunken country road, later appropriately renamed Bloody Lane. Casualties among Confederate defenders were so thick, it was reported, "that a man could have walked its length without touching ground."⁴ Finally, from midmorning until midafternoon the hostilities raged at the lower bridge across Antietam Creek south of Sharpsburg (now known as Burnside's Bridge), where a Confederate brigade sought to hold a Union corps at bay. So fierce was

*"Battle of Antietam," from
a painting by Alonzo
Chappel*

by James O. Breeden



the fighting that it is said that the twelve-foot-wide bridge became so slippery with blood that walking was difficult and that the water under it actually ran red. The visual record graphically underscores the pathos of the written word. Photographic evidence from Antietam, it has been remarked, altered forever the romantic conceptions of war.⁵

Regimental Physicians

Pitted against Antietam's indescribable misery was the combat physician.⁶ In general, Civil War regiments had two commissioned medical officers, surgeon and assistant surgeon. The assistant sur-

geon accompanied the troops into battle, while the surgeon—who served as the chief regimental medical officer—had supervisory responsibility for medical and surgical matters and was in charge of the field hospital. A hospital steward, a pharmacist of sorts, safeguarded the supply of medicines, prepared prescriptions, and acted as a general assistant to the two medical officers.

But it was the assistant surgeon that was the backbone of Civil War field medicine. Charged with the everyday details of his unit's health services, he shouldered most of the burden of treatment. Necessarily in close contact with the

Harper's Weekly depiction of the Antietam battlefield. One observer remarked that "the cavalry could scarcely move without doing further violence to the fallen."

common soldier, he looked out for him in camp, ministered to him on the march, and came to his aid on the battlefield. And it was in combat that he proved his worth.

As William Taylor, assistant surgeon of the Nineteenth Virginia Regiment, and present at Antietam, put it:

It was on the battlefield that the assistant surgeon was in his own sphere, for it was the method of our service for him to be with the troops when they were in action, that he might render immediate aid to the wounded. Here he did his strenuous work. Abandoned by the surgeon to his fate he had to depend upon himself, and here was sternly tested whatever he possessed of resource, fortitude and self-sacrifice.

A more challenging arena to test one's mettle probably could not have been found. "For my own part," Taylor seriously added: "I freely admit that I was never in a battle but that I should have felt the most exultant joy had I been out of it."

The Physician in Battle

Armed with a few essentials—some surgical instruments, ligatures, tourniquets, bandages, lint, splints, and a pain-killer—the assistant surgeon, North and South, advanced with the troops. As his unit maneuvered, the assistant surgeon committed to memory any cover—trees, fences, haystacks, depressions in the earth, or gullies—for the location of a forward aid station.

The terrain at Antietam favored the field medical officer. Gently rolling to hilly, it was intersected by frequent gul-



William James Hamilton White, Union surgeon killed at Antietam

lies that afforded shelter for forward aid stations and ambulance evacuation points.⁸ At times, however, a protected place could not be found and the combat physician performed his duties in the open. Antietam was no exception. Not infrequently, tragedy ensued. "As a rule," a Union medical officer recounted, "our regimental medical officers accompany their comrades on the field. At Antietam the surgeon of the 12th Mass. was killed by the enemy in the midst of the fight, as also was the surgeon of the 20th Mass., while nobly and fearlessly discharging his duty to the wounded."⁹

Speaking more generally, Hunter Holmes McGuire, Stonewall Jackson's well-known medical director and personal physician, remarked: "Many . . . medical officers . . . were wounded or killed on the field. One, I saw fall at Strasburg, amid the cheers of soldiers at the evidence he gave of devotion to duty. Another, at Sharpsburg, facing an assault

before which even veterans quailed and fled, and a third I found upon the bloody field of Cold Harbor dying with a shell-wound through his side."¹⁰ According to John W. Schildt, the authority on medicine at Antietam, four doctors died in the battle—three from the North and one from the South.¹¹

Battlefield First Aid

Amidst the noise, smoke, confusion, and cries of the wounded and dying, the assistant surgeon sought to perform his duties. A Union surgeon recalled of Antietam "a field so carpeted with dead and wounded that the cavalry could scarcely move without doing further violence to the fallen. Troops took their positions in a confusion that prevented the removal of the wounded, who were consequently under fire for many hours. Cries went up that would have 'softened the most hardened heart.'" In the main, the assistant surgeon at the front provided first aid which, as one said, consisted chiefly of "extracting bullets, legating bleeding vessels, checking hemorrhages in different ways, and splinting fractured limbs so that the poor sufferers could be sent to the rear for further treatment."¹² The most common treatment was a painkiller—opium or morphine, but frequently whiskey in the Confederate Army—to ward off "shock" and preliminary bandaging to protect the wound, followed by transfer to the field hospital.

Evacuating Casualties

At the beginning of the hostilities a catastrophic shortcoming on each side was the absence of a satisfactory system for evacuating casualties. The perma-

nent, professional ambulance corps was to be one of the war's enduring contributions to military medicine. Its architect was Jonathan Letterman. Appointed Medical Director of the Army of the Potomac in June 1862, Letterman's first self-assigned task was to devise a means of effectively and expediently removing the wounded from the battlefield. Under Letterman's plan each regiment was to have a pair of light two-horse ambulances staffed by two men and a driver. Each vehicle was to have two stretchers. Those who manned the ambulances were to be soldiers permanently detailed for ambulance service, not teamsters or band members as before. His system received its baptism by fire at Antietam. It is generally agreed that the ambulance corps performed well. According to one of its members: "Most of our badly wounded were brought into the hospitals by dark. We then began collecting the wounded Confederates. We carried them to the field hospitals until midnight, when the surgeons, overcome by exhaustion, were unable to care for any more."¹³ One Union medical officer estimated the number of Confederate casualties, "who laid scattered in all directions upon the Antietam field," that were gathered by the North at "more than two thousand."¹⁴

According to H. H. Cunningham, the best-known historian of Confederate medicine, Hunter McGuire is said to have perfected an ambulance or infirmary corps in the spring of 1862, antedating Letterman's efforts by several months. The Southern infirmary corps consisted of approximately thirty detailed men from each regiment



Huts and tents for the Antietam wounded were hastily established on Smith's farm, near Keedysville, Maryland.

(allegedly, the "least effective under fire") and was commanded by the assistant surgeon.¹⁵ These men were unarmed and wore distinctive badges. They were forbidden to engage in any action that was not strictly in the line of duty, and troops other than the infirmiry corps were not permitted to break ranks to care for the wounded or remove them from the field under threat of harsh punishment. Members of the infirmiry corps were outfitted with one litter to every two men. They accompanied the ambulances and were charged with following the action upon the field. Tragically, and largely because of an extreme shortage of ambulances, the work of the Confederate infirmiry corps at Antietam was seriously impaired.

Casualties, North and South, were evacuated in rude ambulances. A great variety of vehicles were used by the North. Louis C. Duncan, an early student of Civil War medicine, elaborated on the

situation at Antietam: "The one-horse, two-wheeled ambulance rather aptly called 'avalanche' by the soldiers, still survived, but disappeared soon afterwards. The great four-horse ambulance, a sort of converted army wagon, was also in use. The army had not yet settled down to the light two-horse ambulance that was generally used in the latter part of the war."¹⁶ Spring conveyances were rare in the South, unless captured from the North, and gave way to common farm wagons.

No matter what the means of transportation, casualties were severely jolted as they were drawn through uneven, often wooded terrain or on roads badly rutted by artillery and supply trains. Inclement weather and inconsiderate or thieving drivers added to the wounded's misery. The experience of Sergeant A. E. Hill, from Pennsylvania, who was wounded in the left thigh at Antietam is instructive. "I was," he reminisced,

carried directly through the strip of woods near which we had lain on the previous evening and during the night. Just in rear of this wood stood a number of ambulances ready to convey wounded men from the field. I was placed in one—a *one-horse one*. Another sufferer was placed beside me, and the jumping, jostling, springing, quaking vehicle moved off.

I opened a conversation with my companion in misery.

"Where—are—you . . . wounded?" I asked as the ambulance went plunging along.

"In the side—oh!" he exclaimed as it gave a sudden leap. Then he asked, "Where are you wo—oh!"

"In the . . . leg—thigh. . ."

"Partners," interrupted the driver at that moment, "we are about to go over a little rough place now, but we'll soon be over it . . . It's only a little cornfield."

The ambulance began to go over the ridges of the cornfield, and it made such a succession of starts, and knocked me about so alarmingly that I really wondered that the wounded limb stayed on at all. My companion groaned in agony.¹⁷

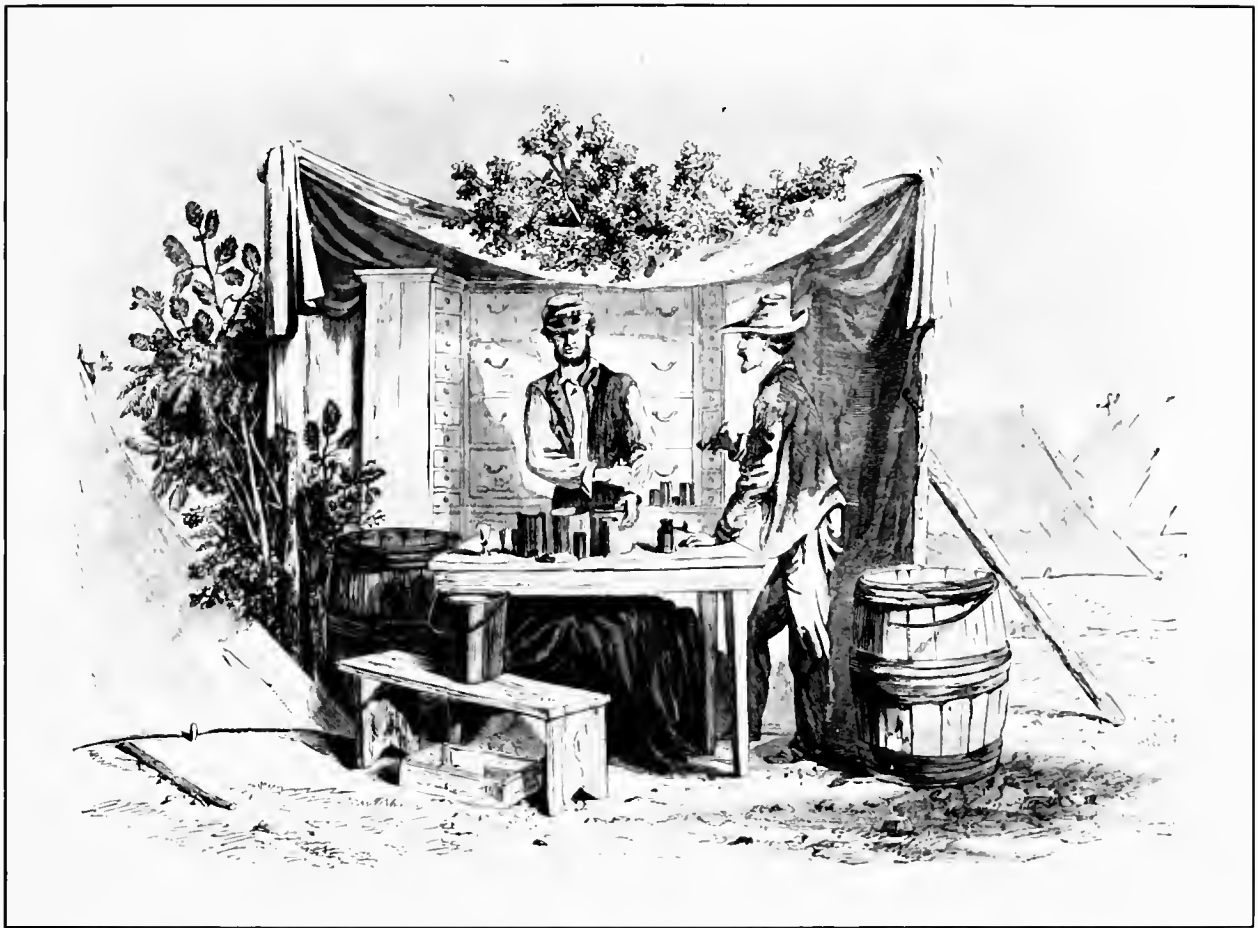
Understandably, the wounded, when able to, often preferred to walk from the battlefield to the field hospital.

Field Hospitals

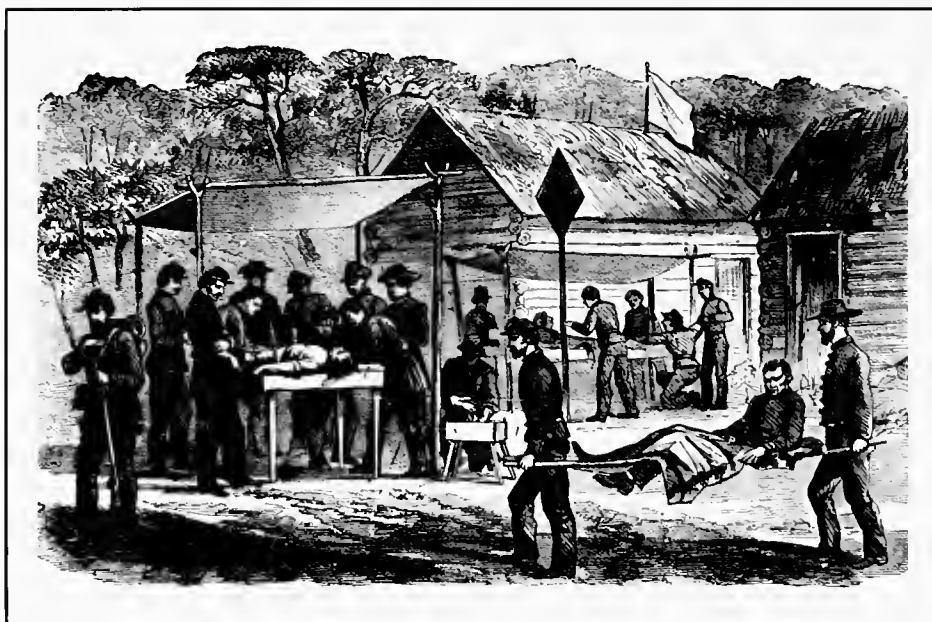
The field hospital was usually two or three miles to the rear of the battle lines. At Antietam, seemingly neither side had arrived at a clear policy on the establishment and operation of these field stations, other than they were to be in an expansive area, safe from bombardment or attack, with an ample water supply.

Little is known of Confederate field hospitals at Antietam, but Letterman ordered corps medical directors "to select the houses and barns most easy of access, and such as were well supplied with hay or straw, and water."¹⁸ In all, the Union established seventy-one field hospitals. "[T]here is not a barn, or farmhouse, or store or church, or schoolhouse," a physician serving with the United States Sanitary Commission, the philanthropic auxiliary of the Union Army, asserted, "that is not gorged with wounded—Rebel and [U]nion. Even the corn-cribs, and in many instances the cow stable, and in one place the mangers were filled. Several thousands lie in open air upon straw, and all are receiving the kind services of the farmers' families and the surgeons."¹⁹ The Hagerstown paper memorably captured the scene, labeling the area around the battlefield "one vast hospital."²⁰

In reality, these battlefield facilities bore little resemblance to a hospital. "To apply the term hospital to this field station," a Confederate medical officer wrote of them in general, "is really a misnomer."²¹ "At some of them," Duncan wrote, "the only equipment was what the surgeon and his orderly carried on their persons; others had medicine wagons and drew supplies from the regimental wagons. As a rule there was a fair supply of medicines and dressings; but little or no clothing, bedding, tentage, food, or even cooking utensils."²² Examining and operating tables were extemporized from doors ripped from their hinges and window shutters. After



"Hospital Steward Filling Surgeons' Orders at the Army Drugstore," from Frank Leslie's Illustrated Newspaper



"Bringing in the Wounded After Battle," from a sketch by Edwin Forbes

nightfall, the only light was provided by lanterns and candles, and these were in short supply.

The field hospital was characterized by near chaos, as the regimental surgeons frantically tried to deal with heavy and mounting casualties. A Union war correspondent found an appalling sight at the Hoffman farm in the first hours of the battle. Already the wounded were lying in rows on the ground awaiting their turn at the surgeons' tables. At Antietam, the proximity of some of the field hospitals to the rapidly shifting hostilities compounded the harried surgeons' problems. "The operating tables," Clara Barton recalled of her service at the Poffengerger house, "jarred and rolled until we could hardly keep the men on them, and the roar was overwhelming."²³ Shortages of personnel and

equipment on both sides added to the confusion and misery. For the Union wounded invaluable assistance was provided by civilians and the U.S. Sanitary Commission. There was comparatively little of such aid for the Confederate casualties.

The doctors, North and South, did the best they could under the circumstances. Triage was hurriedly done. Casualties were classified as mortally wounded, slightly wounded, and in need of surgery. The doomed were made as comfortable as possible and left alone to die. Those with minor wounds had their injuries dressed, usually with cotton lint dipped in cold water, and were perhaps given an opiate or whiskey. It was the surgical cases that dominated activity at the field hospital. In fact, most Civil War surgery occurred on the field. These

unfortunates faced what in recent wars has been called "meat ball surgery."

Battlefield Injuries

Field hospital casualties presented a wide spectrum of injury. In general, however, injuries fell into three broad categories: severe flesh wounds, broken bones, or penetration of vital organs. Most combat-related injuries—estimated at 94 percent of the total—were inflicted by the conoidal leaden minié ball. The destructiveness of this bullet was the result of its size (.58 caliber), soft lead composition, and low velocity. On impact, it tumbled or flattened, producing a savage, bursting wound. Bony structures sustained extensive fissuring and comminution. "The shattering, splintering, and splitting of a long bone by the impact of the minié," as one Southern surgeon graphically put it, was, "in many instances, both remarkable and frightening."²⁴ Moreover, owing to its low velocity, the minié ball carried bits of clothing and skin and other foreign material into the injured tissue, virtually assuring an infected wound.

Amputations

Injuries of the extremities dominated casualty lists. Early experience taught surgeons that in such instances amputation was the only means of saving life. These empirical observations seemed to reinforce the findings of the British surgeons in the Crimean War, where it had been concluded that under existing methods of treatment the wounding of any joint or the shattering of a long bone by a gunshot usually proved fatal. Con-

sequently, amputation for both—and *the sooner the better*—became the rule of thumb and this procedure became the trademark of Civil War surgery. As a result, thousands of soldiers suffered indescribable agony and risked death from secondary infection. Reportedly, three out every four Civil War operations were amputations. Such a drastic practice on so large a scale moved Courtney R. Hall, a highly regarded student of Civil War medicine, to characterize wartime surgery as "resembling actual butchery."²⁵ The prevalence of primary amputation, however, was not to go unchallenged. Further observation as the war progressed was to lead to a conservative reaction.

But at Antietam the procedure prevailed. The recollections of a Union hospital steward regarding surgical practices at the Keedysville hospital is revealing. "The principal hospital," he wrote:

was established in the brick church near the upper end of the town. Boards were laid on top of the seats, then straw and blankets, and most of the worse cases were taken to this, the headquarters. Comrades with wounds of all conceivable shapes were brought in and placed side by side as thick as they could lay, and the bloody work of amputation commenced. The Surgeons, myself and a corps of nurses with sleeves rolled up, worked with tender care and anxiety to relieve the pain and save the lives of all we could. A pit was just under the window at the back of the church and as soon as a limb was amputated I would take it to the window and drop it outside into the pit. The arms, legs, feet and hands that were dropped into that hole would amount to several

hundred pounds. On one occasion I had to fish out a hand for its former owner, as he insisted that it was all cramped up and hurt him.²⁶

Perhaps even more instructive is the case of the aforementioned Sergeant A. F. Hill of Pennsylvania. He was taken to a field hospital located in a small schoolhouse. "The surgeon in charge," his account continues:

came out after half an hour, and I asked him what he thought of my wound. He examined it, and very coolly and indifferently said, "I'll have to take that leg off you after a while, but I haven't the time just now—there are so many cases on hand, you know." I assured him I could wait; and he left me and returned to his work. . . . It was near evening when my turn came. I had lain during the whole afternoon without the schoolhouse, listening to the horrible screams which came from within, and occasionally, to kill time, gazing upon a heap of men's arms and legs which lay piled up against the side of the house. The sound of battle could still be heard. But to be brief: I was carried into the schoolhouse and laid upon the operating table. "Tell me doctor," I said earnestly, "*must* my leg be amputated?" He coolly thrust his finger into the wound and felt the pieces of shattered bone. "That bone," said he, "is shivered all to pieces; and if you value your life—"

"Can my life be saved only by—?"

"Yes, and even then I doubt—I—" He hesitated.

"You think it a doubtful case, even then?"

"Yes."

I said no more. Chloroform was administered; I sank into unconsciousness; and when I awoke—it was all over.²⁷

Battlefield Compassion

Like the battlefield, the field hospital saw many acts of compassion between combatants. At Antietam, a Union surgeon reported, six hundred Confederates, too seriously wounded to be moved, were "very comfortably provided for" in hospital tents set up on the battlefield.²⁸ One of the best known Civil War photographs is of Union doctor Anson Hurd, regimental surgeon for the Fourteenth Indiana Volunteers, attending Confederate casualties in makeshift tents at a field hospital on the Otho Smith farm. Victorious Federals overran the hospital of Simon Baruch, assistant surgeon of Kershaw's Brigade of South Carolinians and later, the father of Bernard Baruch. A Northern medical officer volunteered to help care for the hapless Southern casualties. Baruch recalled: "The treatment of myself and the Confederate wounded, by Surgeon J. P. Daly, a jolly, kind-hearted Irishman, was more than humane. It was sympathetic and cordial."²⁹ (He cheerfully returned Daly's kindness a few months later during the battle of Chancellorsville when his unit captured a Union field hospital and he helped to treat its patients.)

The Price of Duty

Duty in the field hospital exacted a heavy toll from the Civil War doctor. As a member of the United States Sanitary Commission said of the Union's medical officers at Antietam: "They gave themselves no rest in view of the overwhelming claims of the suffering of humanity."³⁰ In chronicling his personal experiences, Nathan Meyer, surgeon of



Soldiers convalescing from wounds suffered during the Red River and Port Hudson expeditions

the Sixteenth Connecticut Regiment, wrote:

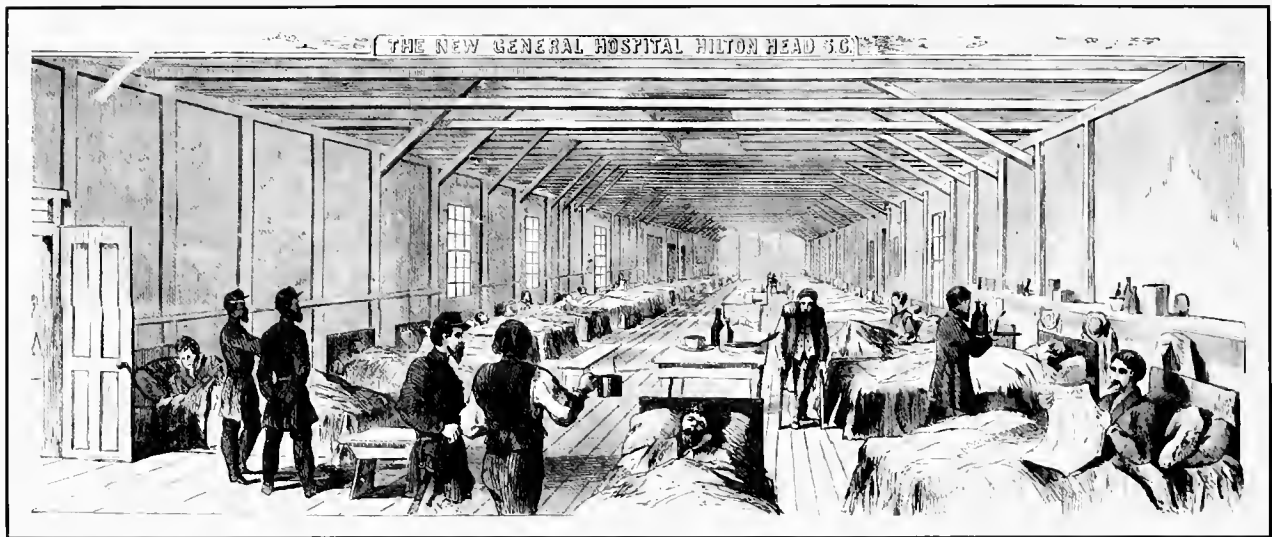
On the morning of the battle our field and staff . . . breakfasted on hard tack and the remains of the boiled pig which I had brought. Soon rebel shells drove us from our position in the hollow of two hills, and near noon the regiment marched forward to storm Antietam bridge. My first station was in a little barn by Antietam creek, but the rebel sharpshooters from behind the trees, across the stream, soon drove me out. . . . I moved back an eighth of a mile to the Rohrback [sic] farm house and at once arranged it for a field hospital. Every room was soon filled; the barnyard and garden were crowded with wounded; and I should not have known where to place more. But the battle had swept onward, the Rebels were driven back, and houses on the other side of the creek formed nearer points where other surgeons were able to establish field hospitals. . . . I worked that day till deep into the night. . . . At midnight my patients were all dressed and

fed, my nurses lying down, and I retired to the garret to a meal of hard tack and preserved strawberries, a pot of which I had found in a little chimney closet there. It was the first food since morning.³¹

A disconsolate Union medical officer exclaimed to Clara Barton: "I am tired of this inhuman incompetence, this neglect and folly, which leave me alone with all these soldiers on my hands, five hundred of whom will die before day-break unless they have attention and I have no light but a five-inch candle."³²

Left Behind

In the event of retreat or withdrawal, it was standard procedure for medical officers to stay with casualties too seriously injured to be evacuated. This was a dreaded duty, often decided by drawing lots, for being left behind meant months of separation from one's unit



and friends. And before the Winchester Accord in the spring of 1862, medical officers were considered prisoners-of-war and were interned until paroled. This agreement, the work of Hunter McGuire, provided that physicians would be regarded as non-combatants and not subject to imprisonment. At Antietam, the Confederates, Schildt points out, used the Grove farm as a hospital during the battle. When the South retreated across the Potomac, Dr. A. W. Wiseman, assistant surgeon with the Seventh North Carolina, was one of those left behind to care for the Confederate wounded. In his case, the results were quite pleasant. "Years later," Schildt went on: "[Wiseman] wrote to Mr. Grove describing how the doctors of the two armies worked, ate, drank and slept together . . . in the spacious attic of the Grove family. He remained at the Grove farm till the end of October."³³

Conclusion

Sadly, the medical officers, North and South, who performed their ministrations of mercy at Antietam and on dozens of other Civil War battlefields have received disproportionate, if not cursory, attention from the legions of historians of the hostilities who have been inordinately concerned with battles and leaders, pointing up what Allan Nevins called a national predilection for "the glorious" over "the terrible."

But it is this "forgotten man" of the Civil War—the combat physician—that calls to attention the grim fact that this celebrated conflict was a biological holocaust, characterized by a carnage unequalled in American history. He deserves his full measure of recognition. Joseph Jones, lauded for his remarkable research in the South's armies, hospitals, and prisons, devoted much of his time during the postwar years to securing the

Interior of the United States Hospital at Hilton Head

Confederate surgeon his rightful place in the annals of history. But he could have been speaking for his Union comrade in arms as well when he implored:

The medical practitioners of the South gave their lives and fortunes to their country, without any prospect of military or political fame or preferment. . . . They marched with the armies, and watched by day and night in the trenches. The Southern surgeons rescued the wounded on the battlefield, binding up the wounds, and preserving the shattered limbs of their countrymen; the Southern surgeons through four long years opposed their skill and untiring energies to the ravages of war and pestilence. At all times and under all circumstances, in the rain and sunshine, in the cold winter and burning heat of summer, and the roar of battle, the hissing of bullets and the shriek of and crash of shell, the brave hearts, cool heads and strong arms of Southern surgeons were employed but for one purpose—the preservation of the health and lives and the limbs of their countrymen. The Southern surgeons were the first to succor the wounded and the sick, and their ears recorded the last words of love and affection for country and kindred, and their hands closed the eyes of the dying Confederate soldiers. It is but just and right that a Roll of Honor should be formed of this band of medical heroes.³⁴

In a real sense, this is what we are setting in motion here today with the launching of the National Museum of Civil War Medicine. And what better place to do so than on the bloodsoaked field of Antietam.



Notes

1. A vast literature chronicles and analyzes the Antietam campaign; the best guide is Allan Nevins, James I. Robertson, Jr., and Bell I. Wiley, *Civil War Books: A Critical Bibliography*, 2 vols. (Baton Rouge: Louisiana State University Press, 1967). Two works of special importance in the preparation of this paper were James V. Murfin, *The Gleam of Bayonets: The Battle of Antietam and the Maryland Campaign of 1862* (New York: Bonanza Books, 1965) and Richard Wheeler, *Lee's Terrible Swift Sword: From Antietam to Chancellorsville, An Eyewitness History* (New York: HarperCollins, 1992). For medical aspects of engagements, see Louis C. Duncan, *The Medical Department of the United States Army in the Civil War* (1917; reprint, Gaithersburg, Md.: Butternut Press, 1985), 126–71; Frank R. Freeman, *Microbes and Minie Balls: An Annotated Bibliography of Civil War Medicine* (Rutherford, N.J.: Fairleigh Dickinson University Press, 1993); John W. Schildt, *Antietam Hospitals* (Chewsville, Md.: Antietam Publications, 1987).

2. Murfin, *Gleam of Bayonets*, 221.

3. *Ibid.*, 236.

4. *Ibid.*, 262.

5. See William A. Frassanito, *Antietam: The Photographic Legacy of America's Bloodiest Day* (New York: Scribner, 1978).

6. The standard works on Civil War medicine are George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York: H. Schuman, 1952) and H. H. Cunningham, *Doctors in Gray: The Confederate Medical Service* (Baton Rouge: Louisiana State University Press, 1958).

7. William H. Taylor, *De Quibus: Discourses and Essays* (Richmond: Bell Book and Stationery Co., 1908), 111, 115.

8. Duncan, *Medical Department of the United States Army*, 143-44.

9. Stanley B. Weld and David A. Soskis, eds., "The Reminiscences of a Civil War Surgeon, John B. Lewis," *Journal of the History of Medicine and Allied Sciences* 21 (1966): 53.

10. Hunter McGuire, "Annual Address of the President," *Transactions of the Southern Surgical and Gynecological Association* 2 (1890): 7.

11. Schildt, *Antietam Hospitals*, 55-56.

12. LeGrand J. Wilson, *The Confederate Soldier*, ed. James W. Silver (Memphis: Memphis State University Press, 1973), 120-21.

13. Duncan, *Medical Department of the United States Army*, 144.

14. Weld and Soskis, "Reminiscences of a Civil War Surgeon," 52.

15. Cunningham, *Doctors in Gray*, 114.

16. Duncan, *Medical Department of the United States Army*, 146.

17. Wheeler, *Lee's Terrible Swift Sword*, 107.

18. Duncan, *Medical Department of the United States Army*, 148.

19. Quoted in Schildt, *Antietam Hospitals*, 11.

20. Ibid.

21. Wilson, *Confederate Soldier*, 121.

22. Duncan, *Medical Department of the United States Army*, 147.

23. Quoted in Stewart M. Brooks, *Civil War Medicine* (Springfield, Ill.: Charles C Thomas, 1966), 96.

24. Deering J. Roberts, "Field and Temporary Hospitals," in *Prisons and Hospitals*, vol. 7 of *The Photographic History of the Civil War*, ed. Francis Trevelyan Miller (New York: Review of Reviews Co., 1911), 262.

25. Courtney R. Hall, "The Lessons of the War between the States," in *History of American Medicine: A Symposium*, ed. Felix Marti-Ibañez (New York: MD Publications, Inc., 1959), 82.

26. Quoted in Schildt, *Antietam Hospitals*, 27.

27. Quoted in Wheeler, *Lee's Terrible Swift Sword*, 108, 136-37.

28. Weld and Soskis, "Reminiscences of a Civil War Surgeon," 52.

29. Simon Baruch, *Reminiscences of a Confederate Surgeon* (New York: n.p., 1915), 2.

30. Quoted in Schildt, *Antietam Hospitals*, 23.

31. Stanley B. Weld, "A Connecticut Surgeon in the Civil War: The Reminiscences of Dr. Nathan Mayer," *Journal of the History of Medicine and Allied Sciences* 19 (1964): 282.

32. Brooks, *Civil War Medicine*, 9.

33. Schildt, *Antietam Hospitals*, 35.

34. Quoted in James O. Breeden, *Joseph Jones, M.D.: Scientist of the Old South* (Lexington: University Press of Kentucky, 1975), 228-29.

James O. Breeden is professor of history at Southern Methodist University. He was educated at the University of Virginia and Tulane University. Breeden has written and lectured extensively on Civil War medicine. Best known for *Joseph Jones, M.D.: Scientist of the Old South (University Press of Kentucky, 1975)*, he is a member of the honorary board of the National Museum of Civil War Medicine.

Jonathan A. Letterman, Surgeon for the Soldiers

After World War II, Major General Paul R. Hawley, Chief Surgeon of the European Theatre of Operations, wrote: "There was not a day during World War II that I did not thank God for Jonathan Letterman. He was truly Surgeon for the soldiers."¹

Letterman was Medical Director of the Army of the Potomac, a position similar to Hawley's during World War II. The difference, however, was that Letterman was a pioneer in the organization of military medicine. In 1862 he was confronted by a primitive system of transporting the wounded, and he developed "a degree of perfection . . . found in no other army at home or abroad."²

Who was this man that so few people know? Letterman was born on December 11, 1824, at Cannonsburg, Pennsylvania, which is south and west of Pittsburgh in Washington County. His parents were Anna Ritchie, daughter of a prominent political family, and Jonathan, Senior, a leading practitioner of medicine in western Pennsylvania. Jonathan followed his father in the medical profession. His initial education was from private tutors, and he attended Jefferson College in Can-

nonsburg, where he was active in Phi Kappa Psi fraternity.

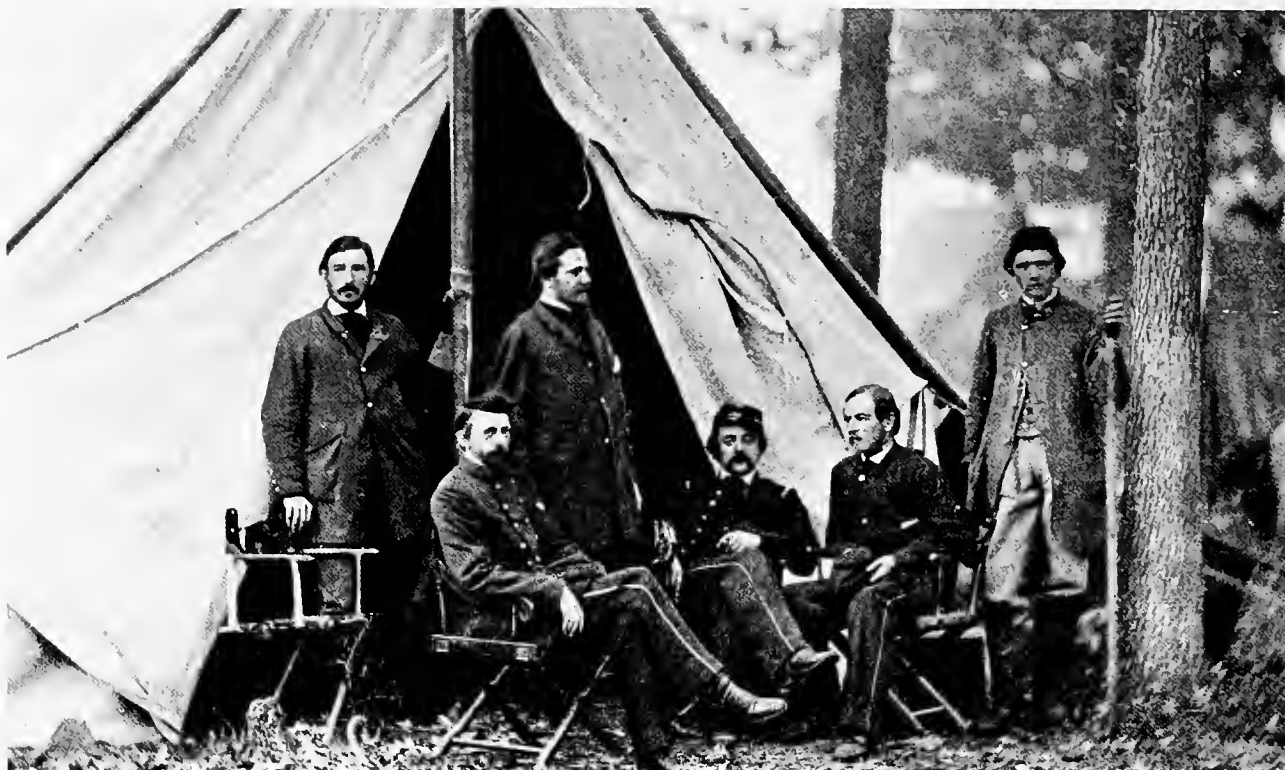
Medical Education

After graduation from Jefferson College in 1845, he traveled across the state to Philadelphia and enrolled in Jefferson Medical College, an institution founded in 1824 by George McClellan, grandfather of General George B. McClellan. It is interesting that the careers of these men became intertwined during the Civil War.

The faculty at Jefferson College was outstanding: J. Robley Dunglison taught materia medica, and Joseph Pancost and Henry Mütter taught anatomy and surgery. Charles Meigs and Franklin Bache comprised the departments of obstetrics and chemistry, respectively. That remarkable faculty, along with fine laboratories and a patient dispensary, formed a sound foundation for Letterman's medical education.

Letterman graduated in 1849 and immediately applied for the United States Army Medical Corps. Why he chose a military career over private practice is a mystery. Could it have been economic conditions at the time or just an inner desire to see what the country had to

by Gordon E. Dammann



Jonathan Letterman, seated at far left, and his Army of the Potomac staff

offer? Fifty-two candidates took the qualifying examination in New York City that year, which tested knowledge of clinical medicine, Latin, physics, and practical anatomy. Of the fifty-two, only nine were offered commissions. On June 29, 1849, Letterman received his commission; also accepted for a commission was William A. Hammond. That proved to be the start of a lifelong friendship that would see both men through the Civil War and years beyond.

Early Military Service

Letterman's first duty station was Fort Meade, in the vicinity of modern-day Tampa, Florida. During July, 1851, he sent the following discouraging report on health conditions there. "Sickness prevailed here . . . owing to the position of the camp . . . which is upon the low ground upon the bank of the river. The intermittent fevers prevailed to a considerable extent."³ Letterman was describing malaria, the most frequent treatment for which was sulfate of quinine. From 1852 to 1853, he applied for transfer. In late 1853 he was sent west to Fort Ripley, Minnesota, and eventually to Fort Union in the New Mexico Territory. Also stationed in the same area was William Hammond. Both men were engaged in collecting specimens for the Smithsonian Institute, then a new museum.

Letterman had a great interest in the Indian tribes of the Southwest and their relationship with the desert. (It is very interesting that the only known living Letterman descendant, Gordon S. Letterman, is a physician who also possesses

a great interest in the Native culture of the Southwest.)

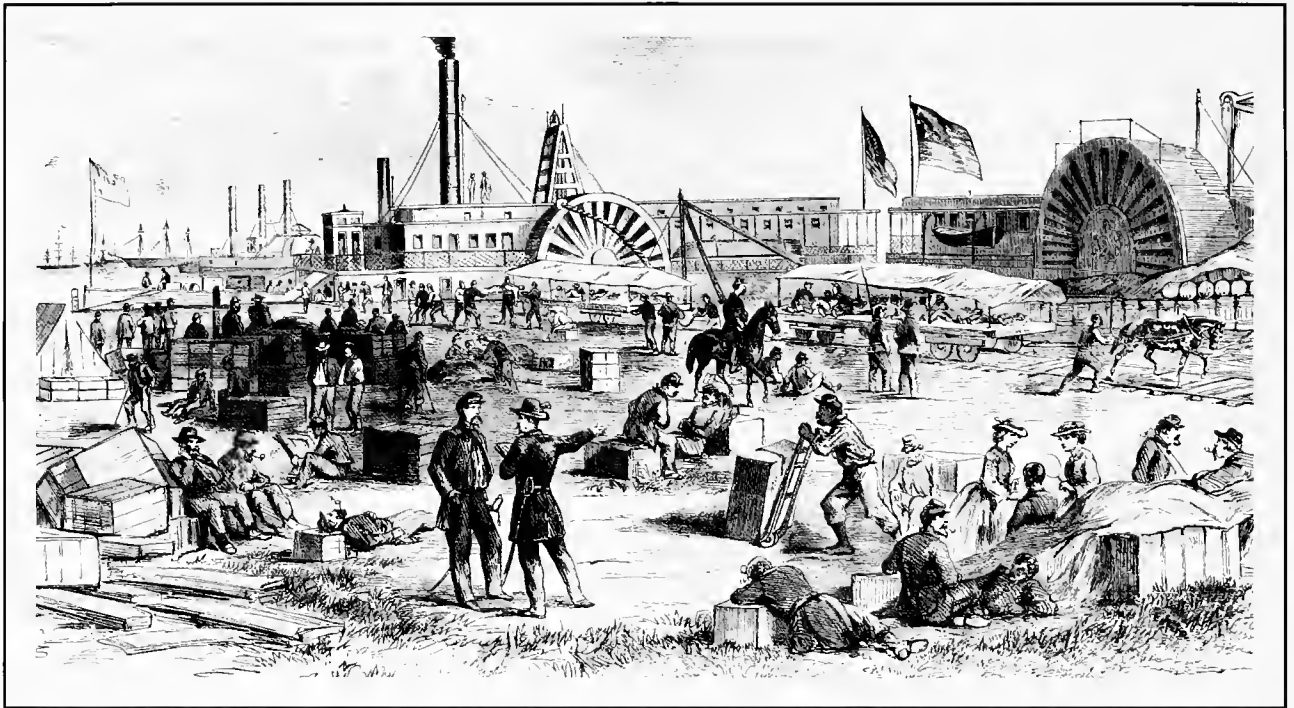
In 1858, Letterman returned east as a medical purveyor at Fortress Monroe and New York. There he gained valuable lessons in the importance of medical supply. By 1861 he was on duty in California, and when Fort Sumter was fired upon, he was ordered to bring California volunteers to the east.

Service in the Union Army

Letterman was first assigned Medical Director of the Department of Virginia of the West (West Virginia) under the command of General George B. McClellan. The hospital inspector of that area was his old comrade William Hammond.

After the disaster of First Bull Run in July of 1861, McClellan was named Commander of the Army of the Potomac. He set out to reorganize and refit that fighting force. Also at the same period the Medical Corps was ripe for change. After two inept Surgeon Generals—Lawson and Clement A. Finley—the Medical Corps needed redirection. Many names were mentioned, but none with the blessing of the newly formed and powerful United States Sanitary Commission.

After much political in-fighting, the thirty-three-year-old Hammond was given the post of Surgeon General. As a result of that promotion, he passed over many senior officers who aspired to the position. That would have a bearing on his future relationships with those men. In the spring of 1862 McClellan started his offensive—the Peninsula Campaign—as an all-out effort to capture the Confederate capital of Richmond.



Letterman was medical purveyor at Fortress Monroe, Virginia, in 1858. During the Civil War, hospitals and additional surgeons' quarters were required. Above is J. H. Schell's "Reception of the Wounded Soldiers of the Federal Army at Fortress Monroe."

By July, 1862, the Union Army was fought out, and no chance for victory was seen. While the wounded and sick were piling up by the thousands on the banks of the James River, disease was rampant, including malaria, typhoid fever, and scurvy. A change of Medical Director was crucial. McClellan and Hammond conferred, and the job was given to their old comrade Jonathon Letterman. On July 1, 1862, Letterman was given the following charge by Hammond:

1. You should satisfy yourself that all medical supplies are in proper quantity and quality. The time has passed when the excuse of "no supplies" will be accepted.

2. You will lay before the offices of the QM [Quartermaster] Department your requisites for transportation.

3. You will require all medical officers in your command to be attentive and faithful in the discharge of their duties.

4. You will arrange for the safe, effectual, comfortable, and speedy transport of the sick and wounded

5. You will hire such physicians, nurses, etc. as you require immediately.

6. You are authorized to call directly upon the medical purveyors who will furnish you everything you may ask for—regardless of supply tables.

In closing Hammond said, "I commit to you the health, the comfort, and the lives of thousands of our fellow soldiers who are fighting for the maintenance of their liberties."⁴

Letterman did not wait for the ink to dry on the orders before rivercraft were churning the James River from Harrison's Landing to Fortress Monroe

with more than thirty thousand sick and wounded. Fresh vegetables were ordered for the men, and hospital tents were sent for their shelter.

Letterman then turned his attention to the growing crisis of the ambulance system—or rather, the lack of an ambulance system. He saw that both the quartermaster and medical departments were having trouble coordinating efforts to remove the wounded from the field. Who was in charge? Letterman drew up plans in a few weeks for the organization of an ambulance corps that would be exclusively dedicated to evacuation and care of the wounded.

An order of August 2, 1862, stipulated personnel and equipment:

The allowance of ambulances and transport carts will be: one transport cart, one four-horse and two two-horse ambulances for a regiment; one two-horse ambulance for each battery of artillery; and two two-horse ambulances for the headquarters of each Army Corps. Each ambulance will be provided with two stretchers. . . . The privates of the ambulance corps will consist of two men and a driver to each ambulance, and one driver to each transport cart.⁵

The medical director of each corps was authorized to make weekly inspections of all the ambulances, transport carts, horses, and harnesses, and to determine whether they were being used for any other purpose than the transportation of the sick and wounded and medical supplies (a too-common abuse). The medical director could also institute drills.



One of Letterman's greatest achievements was the establishment of an ambulance system. Pictured above is a "field drill," conducted shortly after Antietam.

As Letterman and his newly formed and reorganized medical corps were being molded together, military reorganizations were creating havoc. The politicians were becoming dissatisfied with the methodical plottings of McClellan and decided to form a new army—the Union Army of North Virginia under commander John Pope. Pope had achieved some success in the West and was brought to the eastern theater in hopes that his bombastic personality would prove successful. Succeed it did not, as Robert E. Lee showed at Cedar Mountain and Second Manassas.

Letterman had to be going in circles. At his direction, men were being dispatched north from Fortress Monroe to hospitals in Baltimore, Philadelphia, and Washington, D.C. A newly formed ambulance corps was a plan on paper only. But as fate would have it, McClellan was again called upon to save the army and the nation. As the army moved north in late August and early September, Letterman formulated plans for treatment of the wounded from the great battle that was imminent. He urgently called for hospital supplies from Baltimore as well as two hundred more ambulances to be moved as quickly as possible to the battle area near Frederick, Maryland. But rebels destroyed the railroad bridge over the Monocacy River south of Frederick, and the precious supplies had to be sent piecemeal to the waiting armies. On September 14, the army moved westward from Frederick to meet its destiny at the battles of South Mountain and ultimately Antietam. Letterman's plans and ideas were to undergo a baptism of fire.



Letterman was in constant action in and around Middletown while the battle was in progress. He was pressing forward the ambulance corps to receive the wounded and minister to their needs. His plan was to set up receiving hospitals in Middletown and Burkettsville, where the wounded could be sorted. The seriously wounded were sent back to Frederick and its hospitals; those with minor wounds were stabilized and then returned to their units. He opposed the practice of allowing wounded soldiers to travel home with relatives.

After a conversation with McClellan, Letterman determined that the major engagement would be fought on the banks of the Antietam, a small stream running north-south in front of the town of Sharpsburg. Letterman hurried to the area, and on September 15 he viewed the hospital sites in Boonsboro, Keedysville, and the area north and east of the

Civil War amputation kit



This view of the Fifth New York Infantry shows a variety of vehicles used for removing the wounded in 1864.

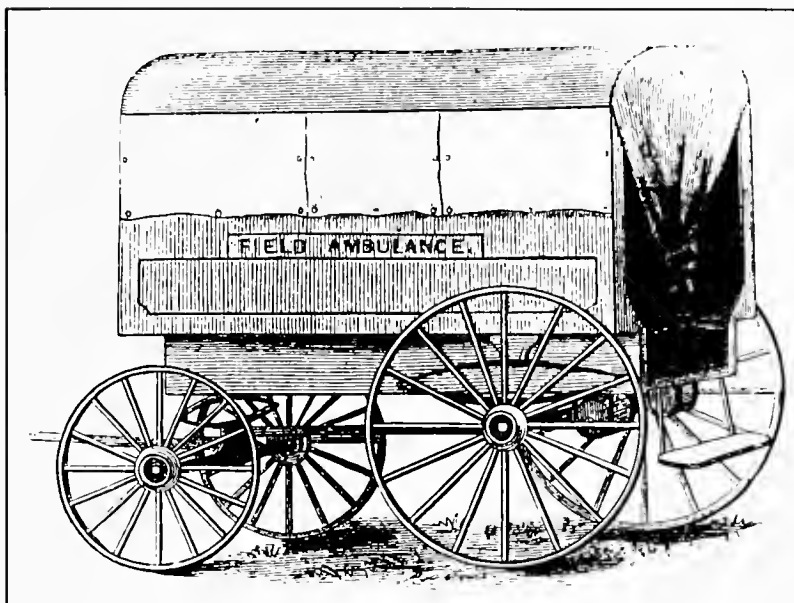
stream. He decided that barns would be the ideal sites for major hospitals because they contained an abundance of hay and straw for bedding. Also, their size was appropriate for the number of casualties expected.

Headquarters was established at the Pry House, which was centrally located to the battle area. From there, Letterman directed the movements of the medical teams. Ambulances and supplies were sent from Frederick and Middletown. As the fighting of September 17 came to an end at dusk, more than 25,000 wounded—both Union and Confederate—littered the field.

Letterman's new ideas for evacuation were sorely tested. The wounded were picked up by litter bearers and carried to field dressing stations. These stations were usually at least fifty yards behind the battle in an area of relative safety from stray projectiles. At that location an assistant surgeon and hospital steward attended the wounds—doing basic first aid. If the patient was gravely wounded, he would be moved by ambulance to the large field hospitals, where surgeons and assistants could perform surgery.

Letterman firmly believed that the seriously wounded should not be moved too far too soon. The patient needed quiet rest rather than a bouncing wagon ride to Frederick. Letterman, therefore, established two great tent hospitals at Smoketown and Locust Springs. The tent facilities were equal in every way to facilities in large cities.

Medical supplies and hospital rations were nearly exhausted after a few hours, however, and Letterman ordered twelve wagonloads of additional supplies. He



Confederate field ambulance

realized that the entire supply system had to be realigned. Two weeks later, on October 4, he issued an order for a new supply system for the army.

He began: "Experience has shown that the medical supply authorized by the Regulations for a regiment for three months is too cumbrous for active operation, instances being frequent where the whole supply has been left on the roadside. Hereafter, in the Army of the Potomac, the following supplies will be allowed to a brigade for one month for active field service":

- One hospital wagon, filled.
- One medicine chest for a regiment, filled.
- One hospital knapsack for each regimental medical officer, filled

The Surgeon in charge of each brigade will require and receipt for all these supplies.



Winslow Homer's classic "The Surgeon at Work at the Rear During an Engagement"

including those in the [four-horse] hospital wagon, and will issue to the senior Surgeon of each regiment the medicine chest and knapsacks, taking receipt therefor. The hospital wagon, with its horses, harness, etc., will be receipted for by the ambulance quartermaster.

The Surgeon in charge of the brigade will issue to the Medical officers of the regiments such of these supplies as may be required for their commands, informally, taking no receipts, demanding no requisition, but accounting for the issues as expended.

The Surgeons in charge of brigades will at once make out requisitions in accordance with these instructions, and transmit them, approved by the Medical Directors of Corps, to the Medical Purveyor of this Army. These supplies being deemed sufficient for one month only, or for an emergency, Medical Directors of Corps will see that they are always on hand, timely requisitions being made for that purpose.⁶

Thus, during a short three-month period, Letterman had adopted or inaugurated three measures that contributed to an efficient medical system: the ambulance system, the field hospital system, and the organization of medical supply. A year before, in July of 1861, the Medical Corps was known for its state of confusion; by September of 1862 a semblance of organization and order prevailed. Its outstanding feature was the overwhelming greatness of Jonathan Letterman. The plaudits for him were many.

In October, 1863, Letterman married Mary Lee of Maryland, who was related to the famous families of that region. In December he requested to be relieved of

duty as Surgeon General, and he spent the next several months with the Department of the Susquehanna as inspector of hospitals. He resigned his army commission on December 22, 1864.⁷ Officers of the Medical Corps drafted a memorial to Congress commemorating his years of service:

We express not the sentiments of Medical Officers only; we give the opinion of Military Commanders, when we affirm that not only the remarkable state of health, but in great measure the tone, the vigor, and in part the discipline of this Army, is due to the efficient officer at the head of its Medical Department.

When we contrast this Army at present, with what it was when Surgeon Letterman assumed the charge of its Medical Department, when the tide of men flowing to the rear depleted its ranks, owing to a lax system of discharges, or no system at all, and owing to an unchecked license of granting passes to hospitals; when we compare the provisions now made for the wounded with what they were before his time, we cannot help congratulating the Army and the country upon the change, and cannot forbear bringing to your notice the merit of the officer to whom that change is due

The depletion of the Army by the great number sent to the rear has been stopped; ample means provided and skillfully applied afford the sick all comfort necessary for their recovery within the lines. Sickness, by wise sanitary regulations, inculcated and rigidly enforced by constant vigilance, has been prevented from making its customary inroads upon the strength of the Army.⁸

Upon his retirement from active service, Letterman accepted a post in

California with Thomas A. Scott, president of the Pennsylvania Railroad, but soon resigned and returned to the practice of medicine and the writing of his memoirs, published in 1866 as *Medical Recollections of the Army of the Potomac*. He reentered public service as a candidate for Coroner of the City and County of San Francisco in 1867, but his victory was darkened by the sudden death of Mary Lee Letterman. He served as Coroner for two terms and also accepted appointment as Surgeon General of the State of California. The "dark shadow of his domestic affliction" and a chronic intestinal problem cut short his life, however.⁹ He died in San Francisco, at age forty-seven, on March 15, 1872.

His memory and achievements are preserved today in the naming of Letterman General Hospital, the large military hospital at the Presidio of San Francisco.



Notes

1. As cited in Edward Louis Bayer's address to the Alumni Association of Jefferson Medical College, June 10, 1964.

2. Bennett A. Clements, "Memoir of Jonathan Letterman, M.D.," *Journal of the Military Service Institution of the United States*, Sept., 1883, 263.

3. Biographical information about Letterman comes from his autobiography, *Medical Recollections of the Army of the Potomac* (New York: D. Appleton, 1866); Clements,

"Memoir of Jonathan Letterman," 252–87; *National Cyclopaedia of American Biography*; vol. 18 (New York: James T. White & Co., 1922), 338–39; *Dictionary of American Biography*; unpublished paper by Robert J. T. Joy, Uniformed Services University of the Health Sciences.

4. General Orders, Surgeon General's Office, June 19, 1862.

5. Letterman, *Medical Recollections*, 24–30.

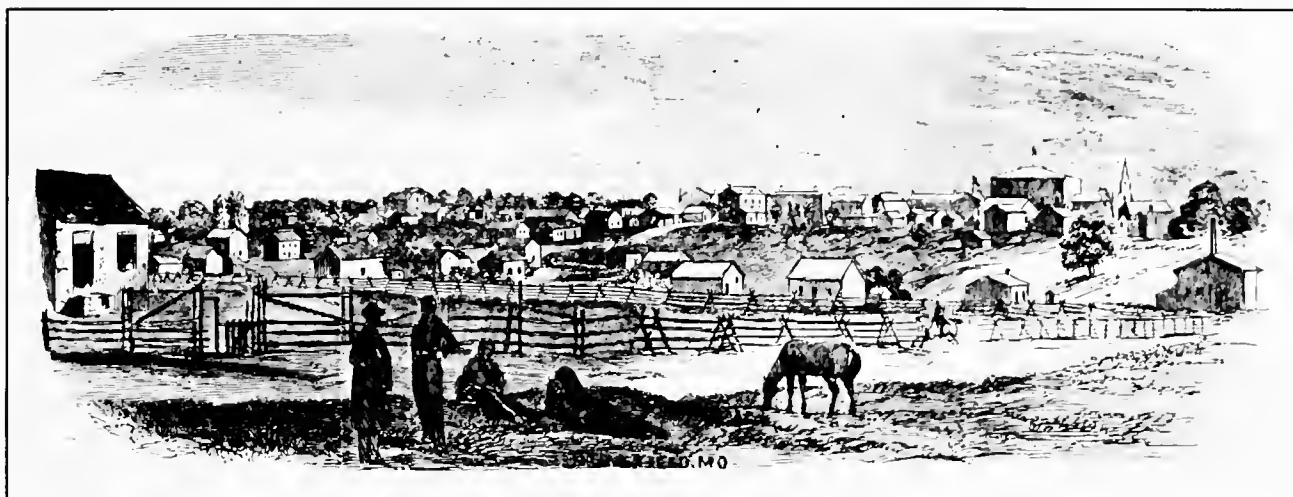
6. Clements, "Memoir of Jonathan Letterman," 262–66.

7. *Ibid.*, 269–70.

8. *Ibid.*, 270–72.

9. *Ibid.*, 273.

Gordon E. Dammann is Chairman of the Board of the National Museum of Civil War Medicine and author of the two-volume Pictorial Encyclopedia of Civil War Medical Instruments and Equipment. He is active in numerous historical and professional associations and has been an instructor of Civil War history at Highland Community College. He serves on the editorial board of North/South Magazine and has edited a reprint of Letterman's memoirs. He is a graduate of Loyola University and Loyola University School of Dentistry. A Captain in the United States Army Dental Corps, he is currently in private dental practice in Lena, Illinois.



Beverly Barrett: A Civilian Doctor in the Civil War

This paper originated as a first-person “living history” presentation describing the Civil War experiences of Beverly Barrett, a civilian physician of Springfield, Missouri. It is based on the author’s research into Barrett’s personal letters and reminiscences, which were graciously provided to him by members of the Barrett family.

Beverly Barrett was born in St. Genevieve County, Missouri, on January 8, 1824. His father John S. Barrett, also a physician, had migrated to Missouri from Virginia; his mother, a Miss Patterson, was of Scottish descent and had grown up in South Carolina. Dr. Beverly Barrett was one of ten children, and he recalled his early education as fair. In 1846 he married Susan Randeman. They became the parents of six children.

Barrett began his study of medicine as an apprentice in Fredericktown, Missouri, under a well-established and respected physician. He later moved from eastern

***Alexander Simplot's 1861
rendering of "The Town of
Springfield, Missouri"***

by Thomas P. Sweeney

Missouri to the community of Buffalo and then to Springfield, Missouri. He enjoyed a large practice in Springfield and was known as a warm and good-humored man.

Now, Dr. Barrett would like to relate his experiences as a "border state" civilian physician during the late unpleasantness.



I started my practice in the Ozarks, when wolves and panthers were more numerous than homesteaders. By the 1860s I had an extensive practice throughout the White River region. When the Civil War broke out, I was generally in sympathy with the South but did not actually espouse the cause of the Confederacy. I therefore escaped much of the partisan hostility that prevailed in Missouri and kept the state in perpetual terror.¹

Outbreak of War

The news by telegraph of the firing on Fort Sumter caused intense feeling and excitement. Our *Springfield Advertiser* issued an extra announcing the event, and townspeople assembled in crowds and carried on spirited arguments about the coming conflict.

By June of 1861 Federal troops were beginning to arrive in Springfield. The first troops were those of General Franz Sigel, followed by General Thomas W. Sweeny and General Nathaniel Lyon. As the sun rose on August 10, we could hear the cannon fire. The Battle of Wilson's Creek, or Oak Hills, had commenced. By mid-morning, the Federal wounded were being carried into the town. The report was that the battle was raging. Lyon was driving the enemy at all points. Union loyalists cheered and bestirred

themselves taking care of the stricken. Union authorities commandeered the new courthouse and sheriff's residence as a makeshift hospital; by midnight it held one hundred men. The Bailey house and the Methodist Church were likewise filled. All day and well after dark, every available wheeled vehicle—ambulances, carriages, butcher's wagons, and express wagons—plied between the battlefield and the town bringing off the wounded. As the day wore on, the news from the front changed: General Lyon had been killed and the Federals were faring badly and in retreat.

The retreating Union soldiers and volunteers fled toward Rolla, destroying what ammunition and other stores they could not carry. In Springfield, tensions were high. The public square was milling with soldiers, frightened civilians, and horses and farm livestock; conveyances and military equipment were everywhere—cannon carriages, army wagons, farm wagons, and buggies. Army supplies and stores were packed for Rolla. Any merchant wishing to safeguard inventory also headed in that direction. Shopkeepers sympathetic to the Federal cause hailed soldiers as they came into town and passed out hams, tobacco, and other delicacies. Everything was in confusion, and the officers



BEVERLY BARRETT
1824-1899



Barrett was one of several civilian physicians who attended to the wounded after the Battle of Wilson's Creek on August 10, 1861.

were swearing at each other. Fearing the approach of Confederate troops, one merchant slit a hogshead of sugar on the street and told soldiers to take all that they could.²

And the town likewise mobilized for the care of the wounded. Women volunteered their services as nurses. Civilian physicians, including myself, assisted military surgeons. Dr. Edward C. Franklin of the Fifth Missouri Volunteers was placed in charge of the Federal wounded.³

The Federals left at midnight and by daybreak of August 11 were out of the county. Hours later the Confederates began to set foot in the nearly deserted town. Missouri and Texas cavalry followed. Soon Generals Sterling "Pap" Price and Ben McCulloch rode in. General James E. Rains confiscated most of the medical supplies of the remaining Federals, leaving them in bad straits. We did our best, however, to take care of the wounded on both sides. I got to know the Federal surgeons very well, especially Dr. Samuel Melcher of the Sixth Missouri Volunteers.⁴

The Confederate wounded were in pitiful shape. On the battlefield, Federal surgeons had offered them little, leaving care to be performed in Springfield. Confederate surgeons led by Dr. Caleb Winfrey had established a surgery station at the Ray House on the eastern edge of the battlefield. The surgeons were shocked to discover wounds covered with maggots, the flies laying eggs in the wounds or on the blood- and pus-drenched uniforms and bandages. After several attempts to remove those pests we were successful by using calo-



**Samuel H. Melcher,
surgeon of the Sixth
Missouri Volunteers**

mel sprinkled freely over the wounded surfaces. When the sloughs separated, clean granulating surfaces were presented, which we dressed with balsam of copaiba (copa'iba, a stimulant of mucous membranes), smearing the bandage with this oleo-resin, which seemed to repel the maggots.⁵

Many soldiers had sustained abdominal wounds, which led to intense pain resulting in death. We performed some secondary amputations in the hospital; all above the knee ended fatally from hemorrhage or fever. There were twelve cases of compound fracture of the femur. All but two resulted fatally. Some fractures were amputated; others were treated with splints. Two were treated with Liston's straight splint, and both survived with some shortening of the extremity.⁶

In September, Confederate Colonel T. T. Taylor was left in command of Springfield after General Sterling Price



*John C. Frémont's attack on Confederate encampments outside Springfield, from
Frank Leslie's Illustrated Newspaper*

marched off to Lexington, Missouri. He treated the Federal wounded kindly. He furnished salt to the hospital when it was impossible to procure from other sources, greatly to the disgust of some of his command, who thought the Federal prisoners not "worth their salt." Colonel Taylor was as gallant and brave an officer as he was chivalrous and generous. At an encampment outside Springfield, he left behind approximately one thousand Confederate soldiers to guard the city.⁷

On October 25, an advance guard under Major General John C. Frémont, then Commander of the Army of the West, made several charges on the Confederate encampment. Dr. Melcher and I were in the vicinity of Boonville Road at the time and met some of the attacking scouts. Knowing what was to follow, we returned to the courthouse hospital in anticipation of wounded.⁸

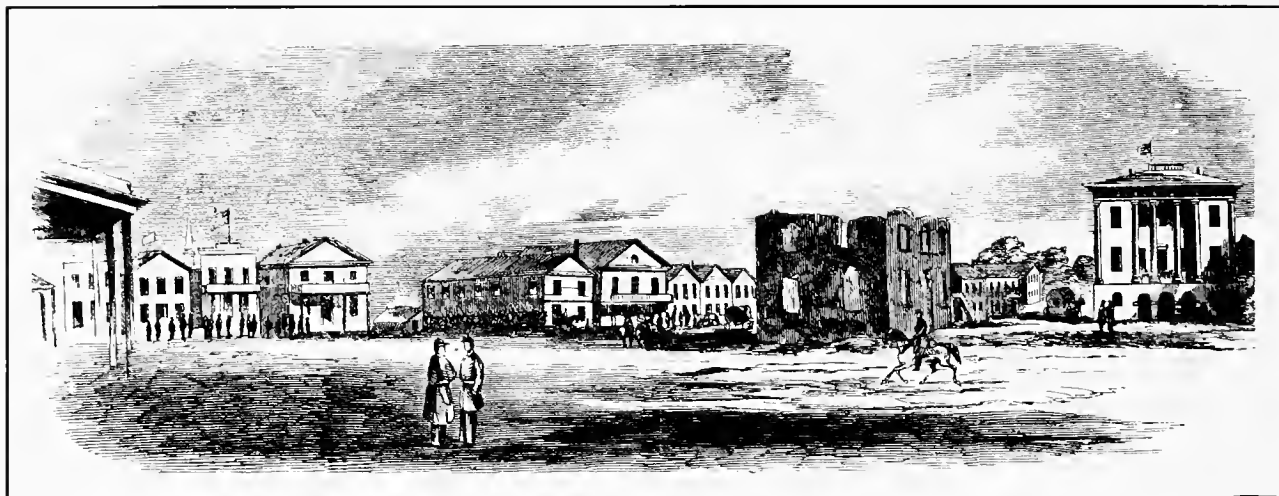
Aftermath of Pea Ridge

A second momentous encounter occurred in March of 1862, when I received news that a battle had taken place in northern Arkansas. We journeyed to the Pea Ridge battlefield to search for comrades who could be among the dead or wounded. My brother and a Dr. E. L. Robinson started out on horseback. Long before we arrived on the battlefield, we could see signs of the struggle—dead horses, wounded men, and here and there a corpse. Three miles from the battlefield we happened upon an old Federal surgeon lying in a cabin dreadfully wounded by a cannon ball that had taken off a portion of his hip. He realized, as we did, that it was a

mortal injury. We dressed the miserable wound and shook the dying man's hand and went on our way. We witnessed a great many wounded on both sides, but our attention was most diverted to the Confederates because our sympathies were mostly that way. We knew that we had a "brother" among their wounded, Mark Abernathy, whom we hunted up. We also tried to relieve the suffering of men we had not known. Among the mortally wounded was General William Slack, as brave an officer as there ever was. We worked under many disadvantages. We hired a sutler's wagon and horse at ten dollars a day and, with the permission of the Federals, loaded up the wounded and headed for Springfield.

All of our charges were in bad shape. We had to amputate Abernathy's leg because of a serious knee wound. Another man, Fulbright, had been shot in the side with a minie ball, which we were able to extract after two weeks. Major Bucker's shoulder was shattered by a shell. On our way home we had both misfortunes and kindnesses. We had to travel very slowly because of the badly wounded men in our charge. The rented horse was stolen, for which I had to pay in gold two hundred dollars. Our expenses and hire of the wagon cost another two hundred dollars, so I was out myself four hundred dollars.

Federals were in possession of Springfield when we arrived, so we needed permission to transport Abernathy to his home in Ebenezer. Fulbright was also allowed to go home, and Major Bucker stayed at my house during his recovery until an exchange could be arranged.



The Springfield Town Square sustained heavy damage during the siege of January 8, 1863. Beverly Barrett recalled, "I dressed many a wound that day, never inquiring to which side he belonged."

Our trip had been quite a serious and dangerous undertaking, but at the time we thought little of that. We felt that we were in the line of duty and so went right along as though peace and good will abounded, though indeed it did not. Along the way we passed through straggling soldiers, deserters, and marauding parties of every character. The night before our arrival in Springfield we camped on the old battlefield of Wilson's Creek at the home of a Mrs. Sharp. There we encountered Captain John Kelso of the Eighth Cavalry Missouri State Militia, a most disagreeable man who was in command of a squad of Federal troops who were as unprincipled as he. Kelso and his men raided Mrs. Sharp's house and carried away everything eatable. They made threats of murder to us and our wounded men, and they would have carried out their murderous intentions had it not been for the appearance of a gentlemanly Federal colonel who was escorting some prisoners from Pea Ridge to Springfield. Everything became instantly quiet, and Kelso and his men left in a hurry. We had no further trouble. This Federal escort assisted us in every possible way, sharing their rations and even their blankets. The "honorable" Kelso that dark night unscrewed a nut off the wheel of our wagon, which was discovered the next morning by one of the Federal guards.

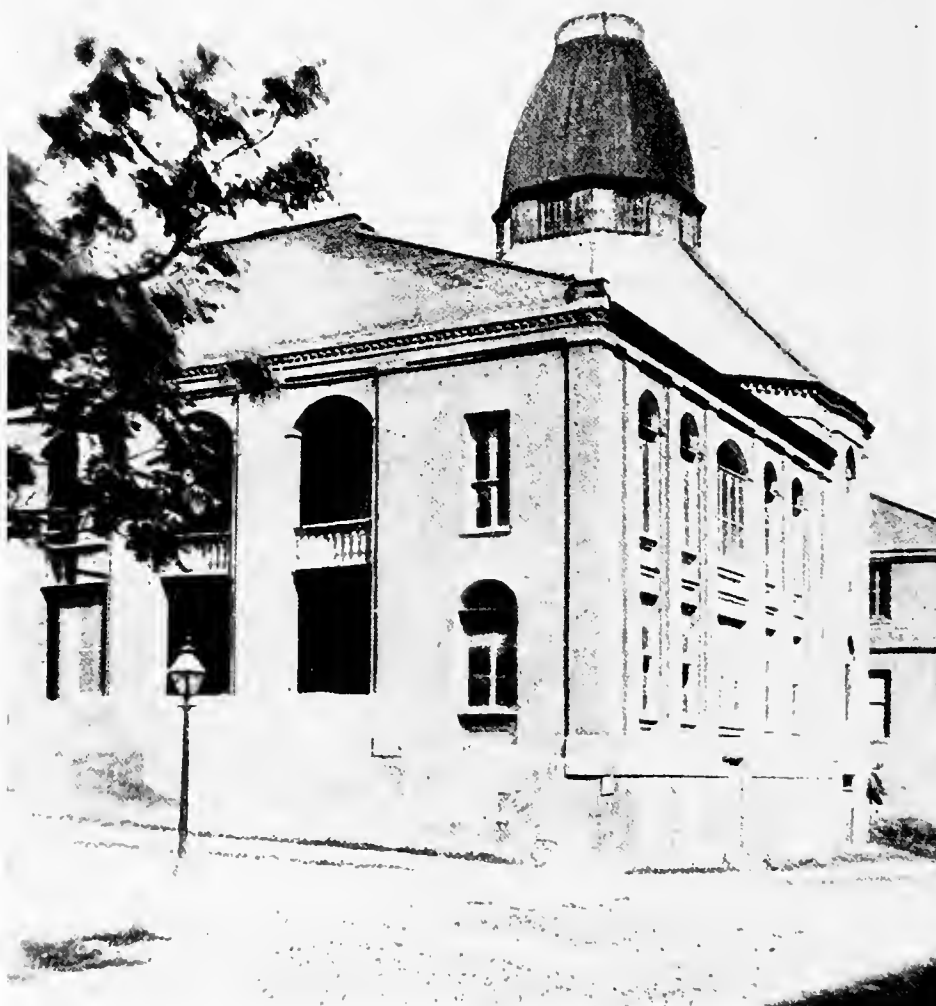
There have always been some things about the Pea Ridge victory to the Federals that I could not understand. The report among a number of the Federal troops was that they were badly whipped and some had orders for a retreat; in fact, the surgeon whose wound

we dressed said that he had been wounded during the retreat. His battery had been protecting a body of infantry ten miles this side of the battleground and was captured by the Southerners. How true his story was I am not sure. He seemed to know all about it and thought that the Federals were falling back toward Springfield.

I have never been able to fully understand, but I think that one or two battalions of the Federal troops on the north side had been cut off from the main army during the hottest of the fight and thus (for their own safety) were ordered to move north. That movement would have interrupted the progress of Southern armies on the east. Perhaps the retreat of those battalions was a strategic movement to save the main army, which it certainly did.⁹

Recapture of Springfield

On January 8, 1863 the battle of Springfield took place. It was a busy day for me. I was celebrating my birthday on Boonville Street (just north of the square), when a squad of soldiers raided my home and ate my birthday dinner. I could hear the sounds of picket musket fire and then the booming of cannon. One cannon ball knocked off our chimney, and another hit a tree in the yard close to where I was standing. For a few hours fighting was lively and everyone was scared. On that memorable day until late in the evening, our house was full of friends. Meanwhile, I was busy taking care of the wounded from both sides. I dressed many a wound that day, never inquiring to which side he belonged. Several arms and legs I amputated also.



For his assistance in the escape of Joe Peavy, a Southern sympathizer awaiting execution as a spy, Barrett was sent to the Gratiot Street Prison of St. Louis, the former McDowell Medical College. "In those stirring days," Barrett recalled, "there was no man of importance or standing until he had been locked up in Gratiot Street Prison for at least a few days."

I remember amputating the arm of a colonel with no one to assist but Mrs. Richardson, a very timid and frail lady.

My custom at amputation as well as in other surgery was to exercise great cleanliness. I irrigated the wounds with a solution of warm water and boric acid. With my amputations I enjoyed great success, although even in surgery we blundered along with good results, considering.¹⁰

Before the battle, Surgeon Melcher had gone through the hospitals calling for volunteers to defend the town. The "hospitals" then consisted of the courthouse, the Lyon (later Southern) Hotel, several private homes, and forty tents. About three hundred men responded to Melcher's call. Carrying grub in their haversacks and quinine, calomel, and jalap in their pockets, this "Quinine Brigade" marched tottering but bravely out to the skirmish line.¹¹

At about 3:00 P.M., General Brown, commander of the Federal soldiers in Springfield, was wounded in the arm. Dr. Melcher removed the head and proximal shaft of the humerus, thus saving the arm from amputation. Dr. Melcher was also wounded during the battle.¹²

Confederate Escape

In the fall of 1863, I assisted the widow of a rebel soldier in releasing a suspected rebel spy from the Springfield jail. Joe Peevy, a prominent citizen of Lawrence County who had not taken up arms for the South, came to Springfield. He was arrested as a rebel spy, tried by an insignificant court marshal, and found guilty on very slight evidence. He was con-

victed to be shot about two weeks from the day of sentence.

A young cavalry colonel had command of the Springfield post at that time and made his headquarters at the residence of Mrs. Theodosia Smith, a Confederate widow connected by marriage with one of the prominent families of Springfield. Because of her husband's death, she was a devoted partisan of the South. Handsome, genial, and intelligent, her outspokenness on the righteousness of the Southern cause was allowed even by the Colonel. Mrs. Smith had been tireless in the effort to save the condemned man, but he was resigned to writing his last letter to his family. She sought the mercy of her guest, the Colonel, but he could not aid her. He had a stern duty to perform, to see that Joe Peevy was shot. Mrs. Smith then sought my aid.

The young Colonel was especially fond of a good Southern toddy such as the deft hand of Mrs. Smith had again and again mixed for him. He usually took a nap after drinking two or three glasses. He always removed his sword, gun, and uniform before retiring for the evening slumber. Mrs. Smith prepared a toddy with specific instructions from me—more liquor than water, and a drug that would add to the drowsy effect of the drink. The officer drank it down and praised the liquor. He soon was sound asleep, his belt and sword and uniform hanging by the bed.

Before daybreak it was the duty of the Colonel as officer of the day to relieve the guard at the jail. At the hour of relief Mrs. Smith donned the colonel's uniform

and belted the sword about her waist. She pushed up her hair into the officer's hat. So disguised, she accompanied me to the jail. Abe Hollingsworth, one of the first settlers of Missouri, was the jailer and could scarcely see at night. I knew he also liked a dram. So I brought a bottle of whiskey with me. My part was to drink with the jailer while Mrs. Smith impersonated the Colonel. There were no streetlamps then, only occasional camp fires for illumination. There was little danger of Mrs. Smith's identity being discovered.

I accompanied her to the prison without exciting suspicion. The guards were dismissed, and the unsuspecting jailer turned over the keys to Mrs. Smith. He then sat down with me for a friendly drink. Mrs. Smith promptly unlocked the jail and freed all the rebel prisoners.

Peevy was told to go to a certain barn where he would find a horse saddled for the flight. He made good his escape and by daylight was many miles from Springfield. The jailer did not discover the escape for many hours. The Colonel heard the news the next morning when he awoke from his long sleep.

As for myself, I was immediately arrested and sent to St. Louis under a guard of thirty soldiers. We went by horse to Rolla and thence to St. Louis by train. I was put in the Gratiot Street Prison, the former McDowell Medical College. I thought it ironic that I would be incarcerated at a former medical school.¹³

The school had been founded by an eccentric physician, Dr. McDowell, who conducted it successfully for a number of years. He was a staunch pro-slavery man and a bitter secessionist, and report-



edly had been storing guns in his basement. At the outbreak of war he fled the city along with his sons and some students, just ahead of the military authorities who quickly confiscated the school and its contents.¹⁴

While I was in the prison there were many daring escapes. In those stirring days there was no man of importance or standing until he had been locked up in Gratiot Street Prison for at least a few days. Suspects would be rounded up about town and locked up without charges, apology, or explanation. After being boarded for one week to two months they would be called up before the provost marshal and presented with the oath of allegiance to the United States, which they had to sign without question. Often they would choke on the words with tears in their eyes.¹⁵

Still imprisoned in the final year of the war, 1865, I received the sad news that

Springfield Courthouse, which became a United States Hospital after the Battle of Wilson's Creek

my dear wife Susan had passed away. I was eventually released as a prisoner of war and paroled to the city of St. Louis. Being confined to the city I decided to open an office and began a lucrative practice; I also married Mary Priest, and we had a child. In 1870 we returned to my home in Springfield.

Beverly Barrett died at Springfield on June 1, 1899.



Notes

1. Biographical information on the Barrett family is from the personal papers of Dr. Beverly Barrett, Barrett Family, Springfield, Mo. (hereafter cited as Barrett Collection).

2. R. I. Holcombe, ed., *History of Greene County, Missouri* (St. Louis: Western Historical Co., 1883), 348-49.

3. Barrett Collection.

4. Ibid.

5. United States Surgeon-General's Office, *The Medical and Surgical History of the War of the Rebellion*, 12 vols. (1870-1888; rpt. Wilmington, N.C.: Broadfoot Publishing Co., 1990-1992), 2:17-18.

6. Ibid.

7. Holcombe, ed., *History of Greene County*, 368-69.

8. Ibid.

9. Barrett Collection.

10. Ibid.

11. Holcombe, ed., *History of Greene County*, 433.

12. United States Surgeon-General's Office, *Medical and Surgical History of the War of the Rebellion*, 10:522.

13. Barrett Collection. Peevy and Barrett must have stayed in touch, for Barrett indicated in 1897 that the former spy was "a well-known citizen of Cassville, county seat of Berry County."

14. Galusha Anderson, *The Story of a Border City during the Civil War* (Boston: Little, Brown, and Company, 1908), 188-89.

15. Barrett Collection.

Thomas P. Sweeney, M.D., is a radiologist at St. John's Regional Health Center, Springfield, Missouri. He received the A.B. degree from Washington University and the M.D. degree from the University of Missouri-Columbia. Since 1969 he has been associated with Springfield Radiology Group. He serves on the boards of the Wilson's Creek National Battlefield Foundation and the National Museum of Civil War Medicine. He is a member of the Civil War Round Table of The Ozarks, Friends of Gettysburg National Battlefield, and Ozarks Watch. He has given numerous oral history presentations as Drs. Caleb Winfrey and Beverly Barrett. With his wife he operates General Sweeney's Museum, devoted to the Trans-Mississippi and located near the entrance to Wilson's Creek National Battlefield Park.



The Physician's Pocket Companion is from the collection of the Grand Army of the Republic Memorial Museum. It was originally in the possession of L. D. Kellog of the Seventeenth Illinois Infantry.

The book in the background, from Special Collections of Southern Illinois University School of Medicine Library, is Hand-book for the Military Surgeon by Charles S. Tripler and George C. Blackman. The medical instruments are from a trephine kit in the Pearson Museum.

The Grand Army of the Republic Memorial Museum

The “Physician’s Pocket Companion” pictured on the cover of this issue is from the unique collection of a museum built in the 1960s to memorialize veterans of the Union Army. The Grand Army of the Republic Memorial Museum, maintained by the National Woman’s Relief Corps, preserves military and ceremonial artifacts from the Civil War era as well as reminiscences and regalia from the veterans’ yearly reunions.

Dr. Benjamin Franklin Stephenson

Benjamin Franklin Stephenson, founder of the Grand Army of the Republic (GAR), was born on October 3, 1823, in Wayne County, Illinois.¹ He was the son of James and Margaret, and the seventh of eleven children. Stephenson credited his father with encouraging a love of knowledge and fairness, and his mother with a kindness of heart and determination. All of their children received what education was available to Illinois settlers, and Frank, as he was called, excelled in spelling and debate.

His oldest brother William left home to study medicine and eventually operated a drugstore in Iowa, where Frank joined him in 1846. The brothers shared

their interest in medicine; William tutored while Frank clerked in the drugstore. From 1849 to 1850 Frank Stephenson attended Rush Medical College in Chicago, receiving his diploma on February 7, 1850. He then returned south to the family home in Petersburg. Five years later he married Barbara B. Moore, a native of Kentucky then living in nearby Springfield. The couple had several children, one of whom eventually wrote *Dr. Stephenson: Founder of the GAR*.

In July of 1861, soon after the outbreak of the Civil War, Stephenson enlisted in the Union Army and was appointed surgeon of the Fourteenth Illinois Infantry Volunteers. According to regimental reminiscences, he cared unfailingly for members of the Fourteenth or any other stricken soldier who came to his attention. He was unable to put family concerns out of his mind, however, and in 1862 he left the troops in order to return to his ailing wife. As Col. William Camm noted in his diary entry of August 31, 1862:

I met Stevenson /sic/ at the Provost Marshal’s office, the day he left to see his sick wife who was thought to be near

by Jean Lightowler Kirchner

death. . . . [T]he Division Sergeant gave me a verbal order to give Stevenson, and when I told him that my surgeon had that day started for Illinois, the doctor with a good deal of profanity told me that Dr. S. had no leave and that he would have him dismissed for absence without leave. . . . [S]ince then I have done what I could . . . to save Stevenson. But it seems he is in righ dudgeon about it, though has not and probably will not say anything to me. Had I known that he was going without leave I should never have let the cat out at division headquarters, for I do not blame him under such circumstances.²

Stephenson was mustered out of service on June 24 and returned home to Springfield, where he applied for and received a contract to provide medical services to soldiers still remaining at Camp Butler, which had served as a mustering point, hospital, and prisoner of war camp during the war years.

Founding of the Grand Army of the Republic

As a physician, Stephenson had great concern for the fate of his fellow veterans. He spent time during his service considering the problem and discussing possible solutions with his compatriots. Likewise, he was troubled by the difficulties of the war's widows and orphans, left alone after their family members had served so courageously.

In January, 1866, Stephenson developed the idea of a "National Soldiers' Mutual Benefit Society, whose motto should be Loyalty, Fraternity, and Charity, and whose glorious name should be the Grand Army of the Republic." It was to be a secret society, in the manner of

many others that followed the war. He constructed a document laying out the ritual, rules, and regulations for the organization, edited only slightly by Colonel Daniel Grass who was in active service at the time, stationed in Springfield. The plan was submitted to Illinois Governor Richard Oglesby (himself a veteran), who thought it was a good idea but was doubtful that it would succeed.³

On April 6, 1866, the fourth anniversary of the Battle of Shiloh (at which Stephenson and nearly all of the charter members had been present), the first GAR encampment was established with Post No. 1 of Decatur, District of Macon, Department of Illinois. The second post followed in Springfield and was named Stephenson Post No. 2. By year's end, forty posts were organized in Illinois and nearby states, and a national convention was held. By the time of the 1868 convention held in Philadelphia, there were permanently organized posts in fifteen states with provisional organizations in all the remaining states and territories. Stephenson's dream of a national fraternity of veterans had become a reality.

Stephenson's preoccupation with the GAR left him little time or energy to tend to his practice; and being more sympathetic to the needs of others than to his own fortunes, he soon had little left. After years of piecing together the dreams of veterans he became discouraged by his own. Eventually he moved his family from Springfield to the old family home in Menard County, and died at Rock Creek, Illinois on August 30, 1871, at the age of forty-seven.

The last surviving member of the Grand Army of the Republic, Albert



BENJAMIN F. STEPHENSON
1823-1871

Woolson, died at the age of 109 in 1956. Because membership in the GAR had been restricted to actual Union veterans, his death officially ended the society.

The National Woman's Relief Corps

Although the Grand Army of the Republic ceased to exist with the death of its last member, its mission was carried on by an auxiliary group, the National Woman's Relief Corps.¹ Organized at the request of the GAR in 1883 in Denver, Colorado, and incorporated in 1962, the Corps was open to all interested patriots. Its members worked faithfully to encourage citizenship through voter education, distribution of literature and patriotic materials, and support of the symbols of the United States and its veterans. To carry on its educational services, the Corps established a permanent National Headquarters and erected the GAR Memorial Museum in Springfield, Illinois. The museum maintains a collection of records, donations from veterans, and programs of GAR and Relief Corps reunions.

The Grand Army of the Republic Memorial Museum is located at 629 South Seventh Street, Springfield, IL 62703. The museum is open to visitors from 10:00 A.M. to 4:00 P.M., Tuesday through Saturday. Additional information is available from Bunny Wiggins, who oversees the care of the collection, at 217-522-4373.

Notes

1. Biographical information can be found in Mary Harriet Stephenson, *Dr. Stephenson, Founder of the GAR: A Memoir* (Springfield: H. W. Rokker Printing House, 1894); Robert B. Beath, *History of the Grand Army of the Republic* (New York: Bryan, Taylor & Co. Publishers, 1889); Grand Army of the Republic, *Unveiling Ceremonies: Memorial to Dr. Benjamin Franklin Stephenson, Founder of the Grand Army of the Republic, Washington, July 3, 1909* (Washington, D.C.: n.p., 1909).

2. Fritz Haskell, ed., "Col. William Camm: Diary, 1861-1865," *Journal of the Illinois State Historical Society* 18 (1926): 899-900.

3. Stephenson, *Dr. Stephenson*, 42.

4. "Activities and Services of [the] National Woman's Relief Corps, Auxiliary to the Grand Army of the Republic, Inc.," brochure from the GAR Memorial Museum and the National Headquarters.

Jean Lightowler Kirchner is the Editorial Researcher for this journal and the Department of Medical Humanities of Southern Illinois University School of Medicine in Springfield. She received the bachelor's degree in English and art from Hope College in 1977.

Announcements

Medical History On-line

CADUCEUS-L is a moderated electronic bulletin board providing a forum for exchanging information on any aspect of the history of the health sciences. It includes announcements, inquiries, and discussion on access to historical resources.

Founded in May 1992, the service is supported by the Moody Medical Library and the Office of Academic Computing at the University of Texas Medical Branch at Galveston. Moderator is Inci A. Bowman, Ph.D., who is well known to members of the American Association for the History of Medicine as the curator of the Blocker History of Medicine Collections, Moody Medical Library. CADUCEUS-L currently has nearly three hundred subscribers (librarians, historians, health sciences faculty, and collectors) from the United States and more than a dozen other countries. Membership is open to anyone interested in the history of the biomedical sciences and health care.

New subscribers should send e-mail to: Mailserv@Beach.UTMB.Edu and enter SUBSCRIBE CADUCEUS-L on the message line. Announcements, inquiries, and responses should be sent to CADUCEUS-L@Beach.UTMB.Edu.

Inci Bowman can be reached at IBOWMAN@Beach.UTMB.Edu or by

"snail mail" at Moody Medical Library, Ninth and Market Streets, Galveston, TX 77555-1035.

Society for Health and Human Values

The Student Interest Group of the Society for Health and Human Values (SHHV) is compiling a reference guide and handbook focusing on publishing opportunities in bioethics and related fields. The guide will be directed at graduate and professional students interested in publishing in the fields of medical humanities, the history of medicine, and the philosophy of medicine. The group is interested in reviewing relevant scholarly or informal resource materials that would be of use in compiling the guide, including classroom materials. Materials and questions should be forwarded to Rachel Ankeny Majeske, SHHV-Student Interest Group Chair, 5329 Stanton Avenue, Pittsburgh, PA 15206.

Centennial of the Cleveland Medical Library Association

This fall marks the one hundredth year of service for the Cleveland Medical Library Association. The centennial will be commemorated with a variety of activities aimed at promoting, in particular, the Historical Division. The first volume owned by the Library Association was a

rare publication on anatomy from the sixteenth century. The scope of the collection grew as it acquired artifacts representing the history of medical practice on the Western Reserve resulting in an early establishment of a museum of medical history soon after the beginning of the twentieth century. Since then, the Historical Division has become one of the most esteemed historical medical collections in the country.

The Library's fall programs will highlight the collections, commemorating the Association's history and examining both the past and future of medicine. One such event will be a special exhibit entitled "The Building of a Great Library Collection," which opens early in November in the Dittrick Museum. It will feature such acquisitions as the Marshall collection of herbs, the Cole collection of venereals, the Weber collection of surgical instruments (see *Caduceus*, Autumn 1993, pp. 87-98), and the Stecher collection on Darwin and Freud. Further information can be obtained from: The Cleveland Medical Library, 11000 Euclid Avenue, Cleveland, OH 44106.

Call for Abstracts

Submissions from scholars are requested for the upcoming conference "Organ and Tissue Donation: Perspectives from the Humanities." Sponsored by the Department of Medical Humanities, Southern Illinois University School of Medicine, the conference will be held in Chicago, June 9-10, 1995. This event

is supported through a grant from the Live & Learn Organ Donation Project through the Office of the Illinois Secretary of State.

Abstracts are to be a maximum of five hundred words. Papers dealing with the following issues will be particularly welcome: non-heart-beating cadaver donors, directed donation, living non-related donors, presumed consent, and market incentives.

The deadline for submission is December 1, 1994. Participants will be notified by February 1, 1995. Selected conference papers will be published. To forward submissions or to request program information, write Bethany J. Spielman, Ph.D., J.D., Department of Medical Humanities-1113, Southern Illinois University School of Medicine, P.O. Box 19230, Springfield, IL 62794-9230 or call (217) 782-4261. Internet: BSPIELMAN@Siumed.Edu.



Readers are invited to forward announcements of programs, publications, and exhibits for publication to *Caduceus: A Humanities Journal for Medicine and the Health Sciences*, Department of Medical Humanities-1113, Southern Illinois University School of Medicine, P.O. Box 19230, Springfield, IL 62794-9230.

Picture Credits

Pages 2, 7: The National Museum of Civil War Medicine, Frederick, Md., courtesy of the author.

Pages 4-5: The Evangelical Lutheran Church, Frederick, Md., courtesy of the author.

Pages 8-9, 30: Courtesy of the Illinois State Historical Library, a division of the Illinois Historic Preservation Agency, Springfield.

Page 10: *Harper's Weekly*, Oct. 11, 1862, p. 64.

Pages 11, 13, 19, 24, 28, 44: Deering J. Roberts, "Field and Temporary Hospitals," in *Prisons and Hospitals*, vol. 7 of *The Photographic History of the Civil War*, ed. Francis Trevelyan Miller (New York: Review of Reviews Co., 1911), 217, 263, 263, 218, 304, 64.

Pages 15, 16, 20, 26, 38, 40: *Frank Leslie's The American Soldier in the Civil War* (New York: Bryan, Taylor, & Co., 1895), 362, 164, 173, 127, 467-68, 69.

Pages 29, 32: Courtesy of The Pearson Museum, Department of Medical Humanities, Southern Illinois University School of Medicine, Springfield.

Page 31: J. K. Barnes, *The Medical and Surgical History of the War of the Rebellion . . . Part III* (Washington, D.C.: GPO, 1883), 2:956, courtesy of California State University at Long Beach.

Pages 35, 42: *Harper's Weekly*, Nov. 30, 1861, p. 759.

Pages 37, 39, 46: Courtesy of General Sweeney's, A Museum of Civil War History, Republic, Mo., and the author.

Page 48: James Hawker, Division of Biomedical Communications, Southern Illinois University School of Medicine, Springfield, with permissions of the Grand Army of the Republic Memorial Museum and Special Collections, Southern Illinois University School of Medicine Library.

Page 50: Robert B. Beath, *History of the Grand Army of the Republic* (New York: Bryan, Taylor & Co., 1889), opp. 32.

Cover illustration: The Physician's Pocket Companion, a leather case that would have held medicinal vials, is from the collection of the Grand Army of the Republic Memorial Museum, Springfield, through the permission of the Women's Relief Corps. The two medical instruments are a scalpel and trephine, from a wood-cased trephine kit from the Pearson Museum, Department of Medical Humanities, Southern Illinois University School of Medicine, Springfield. The instruments, which would have been used to remove a circular disk of bone (chiefly from the skull), were originally used by Dr. Josiah Whitnel of Old Reynoldsburg, Illinois, and were donated to the Pearson Museum by Dr. N. G. Mozley. The book is the 1862 edition of *The Hand-Book for the Military Surgeon* by Charles S. Tripler, M.D., and George C. Blackman, M.D., from Special Collections of Southern Illinois University School of Medicine Library. Photograph by James Hawker, Coordinator of Photography, Division of Biomedical Communications, Southern Illinois University School of Medicine.

Caduceus is produced for the Department of Medical Humanities by the Division of Biomedical Communications, Graphic Design and Medical Illustration, Southern Illinois University School of Medicine. Bernardine Hatcher, Coordinator.

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